PENNSYLVANIA STATE CONFERENCE
UNIT ASSESSMENT FORM
2018

2015

PLEASE PRINT CLEARLY

Unit Name & # **Office#**

Address **Fax#**

City **E-mail**

State **Zip Code** **Website**

Unit President **E-mail**

DEADLINE - POSTMARK BY SEPTEMBER 1, 2018

☐ **Unit Memberships under 100 $100.00** ☐ **Unit Memberships 100 and over $200.00**

Check/MO # _____

Unit Secretary _____ **_____**
Print Name **Signature**

Email _____ Phone _____ Date _____

Please make checks / money orders payable to NAACP PA SC and send to:

Johnnifer Harris, Secretary
NAACP PA State Conference
P. O. Box 922
Levittown, PA 19058-0922

DO NOT WRITE BELOW LINE
OFFICIAL USE

Date_____ Check /MO# /Amt_____ Branch___ Personal___

Date_____ Cash Amt_____ Received by _____