



National Council of Negro Women, Incorporated

Durham Section

DATA SHEET

Date: _____

Name: _____

Address: _____

Phone Number: (_____) _____ (H); (_____) _____ (C)

Date of Birth: ____/____/____ (Year optional)

In Case of Emergency, who should be contacted: _____

Phone Number of Emergency Contact: _____

How long have you been a member of NCNW? _____ (If know year joined, include)

LEADERSHIP IN NCNW

Elected Office(s) Held:

Committees Chaired and Served on:

Community Involvement/Organizations:

Briefly summarize anything else that you would like others to know about you.
