



Robert S. Abbott Race Unity Institute, Inc.

"Fostering relationships between people"

WWW.THEABBOTTINSTITUTE.ORG

DATE: _____

Membership Application Form 501(c)(3) Tax ID 45-4259736

Applicant Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Cell or Home Phone: () ()

Referred by: _____

Email Address: _____

Voluntary Information

This information is being requested in accordance with federal regulations.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Membership Type:

- Student or Youth \$10
- Contribution Amount \$ _____
- General \$25
- Other

MAIL COMPLETED APPLICATION TO:
The Abbott Institute P.O. Box 1834, Brunswick Georgia 31521-1834