

# DETROIT REVOLUTIONARY MOVEMENT RECORDS

BOX 1 OF 16

FOLDER 20

LRBW FORMS

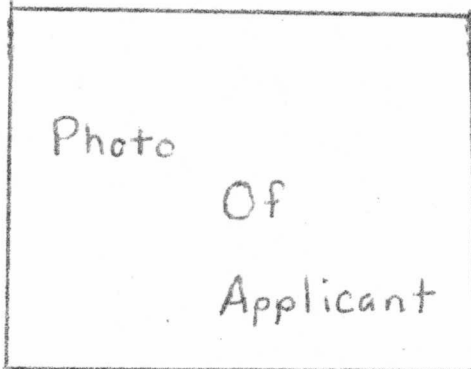
# LEAGUE OF REVOLUTIONARY BLACK WORKERS

## APPLICATION FOR MEMBERSHIP

Please type or print, please answer all questions and no applications are accepted without a photograph.

ALL INFORMATION IS CONFIDENTIAL.

DATE: \_\_\_\_\_



000550

NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number) (street) (city & state) (zone)

TELEPHONE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MARITAL STATUS: married ( ) single ( ) Separated Divorce ( )

CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_  
(number)

PLACE OF EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SHIFT: \_\_\_\_\_ DEPT. \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ SKILLS & TRADES \_\_\_\_\_

SENIORITY: \_\_\_\_\_ UNION: \_\_\_\_\_ LOCAL: \_\_\_\_\_

DO YOU HOLD AN OFFICE OR POSITION IN ANY UNION, IF ANSWER IS YES, LIST UNION AND POSITION? \_\_\_\_\_

HOW DO YOU BELIEVE THAT YOU CAN CONTRIBUTE TO THE ORGANIZATION AND GROWTH OF THE LEAGUE OF REVOLUTIONARY BLACK WORKERS? \_\_\_\_\_

HOW DID YOU FIRST LEARN OF THE LEAGUE OF REVOLUTIONARY BLACK WORKERS? \_\_\_\_\_

WHAT DAYS OR HOURS ARE YOU AVIALIABLE TO DO WORK FOR THE LEAGUE OF REVOLUTIONARY BLACK WORKERS? \_\_\_\_\_

LIST LABOR, POLITICAL, SOCIAL OR RELIGIOUS ORGANIZATIONS OF WHICH YOU ARE A MEMBER OR HAVE BEEN A MEMBER OF? \_\_\_\_\_

WHAT ARE YOUR MAIN FORMS OF ENTERTAINMENT? \_\_\_\_\_

DO YOU HAVE A CAR? \_\_\_\_\_

CAN YOU:

- TYPE ( ) FILE ( ) SHORTHAND ( )
- BUSINESS MACHINES ( )
- ACCOUNTING & BOOKKEEPING ( )
- DRIVE ( ) ANSWER A PHONE ( )
- HANDLE CORRESPONDENCE ( )
- DISTRIBUTE LITERATURE AT PLANTS ( )
- WRITE ARTICLES FOR THE LEAGUE'S PUBLICATIONS ( )

LIST ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WOULD MAKE THIS APPLICATION COMPLETE.

000550

Name

Address

Place of employment

Phone

Schedule of free time	Days	Morning	Afternoon	Evenings
	Mon.			
Tues.				
Wed.				
Thur.				
Fri.				
Sat.				
Sun.				

Name

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Schedule of free time	Days	Morning	Afternoon	Evenings
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Fri.				
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Sun.				

# Certificate of Affiliation

## with the League of Revolutionary Black Workers

*This document certifies that said organization \_\_\_\_\_*

*\_\_\_\_\_ Is a duly recognized affiliate of the League of Revolutionary Black Workers and thereby gaining access to all of the League's Facilities and subject to the League's jurisdiction.*

AFFILIATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
Charles J. Wooten  
Director of Membership  
Date