



2205 Two Notch Road, Suite 100
Columbia, SC 29204
(803) 540-1885

In accordance with our governing agency (100 BMOA), we are required to do drug and background checks on all membership. An administration fee of \$50 will be charged.

BACKGROUND INQUIRY AUTHORIZATION

I, _____ authorize the 100 Black Men of Greater Columbia, Inc. and/or its designee to obtain information regarding my background to include criminal record inquiries and drug testing.

I agree to hold the 100 Black Men of Greater Columbia, Inc., its designee harmless regarding any information that is obtained during the background inquiry.

TO THE APPLICANT
The request for your date of birth is to be used in performing a criminal record search only. It is not used by the organization in consideration of membership.
All information received on this form will be held in the strictest confidence and will be used solely by the 100 Black Men of Greater Columbia, Inc.

Name: _____, _____ MI
Last First

County of Residence: _____

Social Security Number: _____ Date of Birth: ____/____/____
MM DD YY

Driver's License Number: _____ Issuing State: _____

Signature

Date

Please make checks payable to: 100 Black Men of Greater Columbia, Inc.
Mail to: P. O. Box 11507
Columbia, SC 29211 AMOUNT ENCLOSED: \$ _____