



# NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS

## MEMBERSHIP APPLICATION

Renewal  New

Please Provide Complete Information

### PERSONAL INFORMATION

Name: Prefix (ex. Dr./Mr./Ms./Mrs.) First MI Last

Home Address

City State Zip

Home: Phone Fax Email

Position

Office Address

City State Zip

Office: Phone Fax Email

Name of Affiliate of which you are a member

Male  Female

Age Level (Optional)

18 – 24  25 – 34

35 – 44  45 – 54

55 – 64  65 – Above

NABSE Commissions (Check One Only)

Parents

District Administration

Governance in Education

Higher Education

Instruction and Instructional Support

Local School Administration

Program Development, Research & Evaluation

Retired Educators

Special Projects Administration

Superintendents

If not currently a member of an Affiliate, would you like to be contacted for membership by the Affiliate in your local area?  Yes  No

Send NABSE correspondence to:  Home  Business

### EDUCATION

Degree \_\_\_\_\_ Field \_\_\_\_\_ Year Received \_\_\_\_\_

Degree \_\_\_\_\_ Field \_\_\_\_\_ Year Received \_\_\_\_\_

Degree \_\_\_\_\_ Field \_\_\_\_\_ Year Received \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If yes, what major? \_\_\_\_\_ College/University \_\_\_\_\_ Graduation Date \_\_\_\_\_

### MEMBERSHIP TYPE (PLEASE CHECK AS APPROPRIATE)

<input type="checkbox"/> Corporate	\$2,000	<b>NABSE Foundation Participation</b>	
<input type="checkbox"/> Institutional	\$1,000	<input type="checkbox"/> Diamond	\$5,000
<input type="checkbox"/> Life	\$900	<input type="checkbox"/> Founders	\$1,000
<input type="checkbox"/> Subscribing Life	\$150 (6 consecutive years)	<input type="checkbox"/> Platinum	\$500
<input type="checkbox"/> Individual	\$100	<input type="checkbox"/> Gold	\$100
<input type="checkbox"/> Retired	\$25	<input type="checkbox"/> Silver	\$50
<input type="checkbox"/> Student	\$20	<input type="checkbox"/> Bronze	\$25

### PAYMENT INFORMATION

Make Payable to NABSE

MEMBERSHIP \$ \_\_\_\_\_ + FOUNDATION \$ \_\_\_\_\_ = TOTAL ENCLOSED \$ \_\_\_\_\_

Enclosed is a:  Check  Money Order  Purchase Order # \_\_\_\_\_

Please Charge My Credit Card:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Send Completed Application To:  
**National Alliance of Black School Educators**  
 310 Pennsylvania Avenue, S.E.  
 Washington, D.C. 20003

Phone (202) 608-6310 ♥ (800) 221-2654 ♥ Fax (202) 608-6319