



# 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

School District/Company

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
- Administration
- Governance in Education
- Higher Education
- Instruction and Instructional Support
- Special Projects, Research & Evaluation
- Retired Educators
- 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          | \$50                        | <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 \_\_\_\_\_

Email Completed Application To:  
membership@nabse.org

Phone (833) 762-2731

