

NABA

National Association of Black Accountants, Inc.

Membership Application

**Date: PID:**

**Full Name:**

**Local Address:**

**City: State: Zip Code:**

**Cell Phone: Major:**

**Class Level (*circle one*): *Freshman Sophomore Junior Senior***

**E-mail Address:**

**Career Objective/Interests:**

**Expectations:**

* Participation and attendance is very important to our organization.
* We ask that no more than two meetings are missed per semester.
* We ask that you will commit to at least one committee. Please indicate your preference(s) below:

Community Service – *Planning supporting services and events within the community*

Fundraising – *Raising funds for our organization*

Publicity - *Using creativity on social media to promote NABA*

  Membership – *Providing input and help plan social outings*

* **Dues MUST be paid in full for each year of membership. Dues are $35 per year.**

***SPECIAL JOINT MEMBERSHIP OFFER FOR NABA MEMEBERS***

***JOIN ANY OF THE FOLLOWING ORGANIZATIONS FOR AN EXTRA $5.00.***

 ***PLEASE CIRCLE ORGANIZATION YOU WANT TO JOIN.***

**Black Broad BISC WBSA NAHBS MBS Spartan Pride**

**I, , fully understand the terms of this membership and request such status.**

SIGNATURE: DATE: