

Please print legibly and be sure to complete all fields. All information will be used to compile demographic statistics, update NABA's database, and be held in strict confidence. Pertinent data will be forwarded to your NABA Chapter.



National Association of Black Accountants, Inc.

Department 0610
 Washington, DC 20073-0610
 Phone: (301) 474-NABA
 Fax: (301) 474-3114
www.nabainc.org

MEMBERSHIP APPLICATION

Application Type Professional Student

NABA Chapter Affiliation _____

First, Middle, Last Name, Suffix _____

Gender Male Female Date of Birth _____ - _____ - _____

Email Address _____

Home Information

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____

Company or School Information

Company or School Name _____

Address _____

City _____ State _____ Zip Code _____

Company or School Phone _____ - _____ - _____

Job Position _____ Number of Years _____

Job Position Type Accounting Consulting Services External Audit
 Finance Internal Audit Other _____

Salary < \$20,000 \$21,000 - \$40,000 \$41,000 - \$60,000
 \$61,000 - \$80,000 \$81,000 - \$100,000 > \$100,000

Industry Corporate Education Government
 Independent Nonprofit Public

★ Preferred Mailing Address Home Company or School ★

Education Information

Undergraduate School _____ Graduation Date _____

Major _____ Overall Grade Point Average _____

Degree _____ Classification (i.e., Freshman) _____

Graduate School _____ Graduation Date _____

Major _____ Overall Grade Point Average _____

Degree _____

Certifications

Applicable Rate

Please Choose Applicable Class Please enter AMOUNTS and TOTAL below

Professional Member	Amount
<input type="checkbox"/> Regular	\$120.00
<input type="checkbox"/> Academia	\$65.00
<input type="checkbox"/> Senior (65 years or older)	\$65.00
<input type="checkbox"/> College Pipeline Initiative (1st year graduating student member)	\$0.00

Student Member	Amount
<input type="checkbox"/> Regular	\$20.00

National Annual Giving Contribution
 \$100.00 (suggested contribution - optional) or Other \$ _____

National Scholarship Contribution
 \$50.00 (suggested contribution - optional) or Other \$ _____

TOTAL \$ _____

Payment Options

Check/Money Order Enclosed - Make payable to NABA, Inc. \$ _____
Please include Registrant's name on check and return with this form

Credit Card: Visa MasterCard American Express \$ _____

Card Number _____ Expiration Date _____

Name on Credit Card _____

Signature _____

Please Check Appropriate Response:

- I wish to receive, as a benefit of my membership, special offers, promotions, and research surveys from selected NABA partners via mail and/or email periodically.
- I do not wish to receive anything other than official NABA publications.

Please remit your annual membership dues to the above address. Please do not fax and mail this form simultaneously – you will be charged twice.

**NABA's fiscal year begins July 1 and ends June 30.
 Dues are accepted any time during the year, but membership will expire at the end of each fiscal year.**