

MEMBERSHIP APPLICATION

Membership runs 12 consecutive months from your start date (e.g. if your start date is October 15, 2005, the membership will expire October 14, 2006). Dues are paid annually unless you are a Full or Associate Lifetime Member. **Save time by registering or renewing conveniently online at www.nmbmaa.org.**

PREFIX	<input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Mr. <input type="radio"/> Dr.	UNDERGRADUATE SCHOOL	
FIRST NAME		CITY & STATE	
LAST NAME		YEAR GRADUATED	
HOME ADDRESS		DEGREE	
CITY, STATE, ZIP		MAJOR	
COUNTRY			
HOME PHONE		GRADUATE SCHOOL	
FAX NUMBER		CITY & STATE	
EMPLOYER		YEAR GRADUATED	
JOB TITLE		DEGREE	
ADDRESS		MAJOR	
CITY, STATE, ZIP			
COUNTRY		PREFERRED CHAPTER (See Previous Page)	
WORK PHONE			
FAX NUMBER			
MAIL PREFERENCE	<input type="radio"/> Home <input type="radio"/> Work		
PREFERRED E-MAIL			

MEMBERSHIP OPTIONS – PLEASE SELECT ONE

FULL MEMBER

Anyone with an MBA degree or other advanced degree.

- FULL MEMBER—\$125
 FULL LIFE—\$1,000
 FULL LIFE INSTALLMENT—3 annual payments of \$350

STUDENT MEMBER

Anyone actively pursuing an advanced management degree.

- STUDENT MEMBER—\$60 (must provide copy of current school identification)

ASSOCIATE MEMBER

Anyone distinguished in business because of management experience or entrepreneurship.

- ASSOCIATE—\$125
 ASSOC. LIFE—\$1,000
 ASSOC. LIFE INSTALLMENT—3 annual payments of \$350

PAYMENT INFORMATION

- Enclosed is check # _____ payable to NMBBAA.
 I authorize NMBBAA to charge my credit card in the amount of \$ _____.
 Visa MC AMEX Discover Diner's Club

Card #: _____

Exp. Date: ____ / ____

 SIGNATURE AS NAME APPEARS ON CARD

COMPLETING YOUR APPLICATION

MAIL COMPLETED APPLICATION FORM WITH FULL PAYMENT TO:

**NATIONAL BLACK MBA ASSOCIATION
 P.O. BOX 809132, CHICAGO, IL 60680-9132**

OR FAX TO **(312) 580-8701** (credit card purchases only)