



National Association of Black Accountants, Inc.

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

NABA MEMBERSHIP APPLICATION

Please print legibly and be sure to respond to all questions. Information will be used to compile demographics statistics and update NABA's database. All information will be held in strict confidence. Pertinent data will be forwarded to your NABA Chapter.

APPLICATION TYPE

☐ Professional ☐ Student

NABA Chapter Affiliation _____

First, Middle, Last Name _____ Suffix _____

Gender ☐ Male ☐ Female Birth Date _____

E-Mail 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 _____

Salary ☐ Less than \$20,000 ☐ \$21,000 - \$40,000 ☐ \$41,000 - \$60,000
☐ \$61,000 - \$80,000 ☐ \$81,000 - \$100,000 ☐ More than \$100,000

Industry ☐ Public ☐ Corporate ☐ Government
☐ Non Profit ☐ Education ☐ Independent

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)

Professional Member

- ☐ Regular\$120.00
- ☐ First-Time (only valid from January 1 to June 30)\$ 65.00
- ☐ Academia\$ 65.00
- ☐ Senior (65 years of age or older—must provide date of birth)\$ 65.00
- ☐ College Pipeline Initiative (1st year graduating student member)\$ 0.00

Student Member

- ☐ Regular\$ 20.00

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

☐ **Check/Money Order Enclosed—**
Make Check Payable to NABA, Inc.

☐ **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 e-mail periodically.
- ☐ I do not wish to receive anything other than official NABA Publications.

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.