

Please print legibly and complete all fields. All information will be held in strict confidence. Pertinent data will be forwarded to your NABA Chapter.

**Personal Information**

PREFIX, FIRST, MIDDLE, LAST NAME, SUFFIX
HOME ADDRESS
CITY STATE ZIP CODE
PHONE NUMBER E-MAIL ADDRESS
GENDER DATE OF BIRTH

**Company or School Information**

COMPANY OR SCHOOL NAME
ADDRESS
CITY STATE ZIP CODE
COMPANY OR SCHOOL PHONE NUMBER TITLE

**Job Type** (Please indicate your Job Type)

**Public Accounting, Law and Consulting**

- Partner/Shareholder/Owner Sole Practitioner Staff
Internal Audit

**Business and Industry**

- President/CEO/COO CFO/Financial Officer Officer (Non-Financial/Non-Accounting

**Government**

- International Federal State

**Education**

- Administration Professor/Teacher

- Industry Corporate Education Government Self-Employed
Nonprofit Public Accounting Other

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

- PREFERRED MAILING ADDRESS HOME COMPANY/SCHOOL

**Education Information**

UNDERGRADUATE SCHOOL GRADUATION DATE
MAJOR OVERALL GRADE POINT AVERAGE
DEGREE (i.e., BA, BS) CLASSIFICATION (i.e., Freshman)
GRADUATE SCHOOL GRADUATION DATE
MAJOR OVERALL GRADE POINT AVERAGE
DEGREE (i.e., MBA, MS)

**CERTIFICATIONS** (i.e. CPA, CISSP)

- CPA CFA CFM CISA CISSP CIA CFSA
Other

**ARE YOU A MEMBER OF A STATE SOCIETY?**

- YES NO

**IF YES, WHICH STATE SOCIETY ARE YOU A MEMBER OF?**

**ARE YOU A MILITARY VETERAN?**

- YES NO

**PLEASE SPECIFY THE SERVICE BRANCH:**



**NABA, Inc.**

P.O. Box 741146
Atlanta, GA 30374-1146
Phone: (301)474-NABA
Fax: (301)474-3114
http://www.nabainc.org
membership@nabainc.org

"Lifting As We Climb"

**MEMBERSHIP APPLICATION**

**Application Type** Professional Student

**Previous Member?** Yes No Member ID

**Chapter Affiliation**

**Check Desired Level of Contact**

- I wish to periodically receive special offers, promotions, and research surveys from NABA and its carefully selected partners via mail and/or e-mail.
I do not wish to receive anything other than official NABA publications.
I would prefer to receive my publications via e-mail at the above e-mail address. (Because of email filtration at many companies, we recommend using your personal e-mail address rather than your business e-mail address.)

**Membership Fees**

PLEASE ENTER AMOUNTS AND TOTAL BELOW.

PLEASE CHOOSE APPLICABLE CLASS.

AMOUNT

**Professional Member**

- Regular \$200.00
Academia \$115.00
Senior (65 years or older) \$85.00
College Pipeline Initiative \$0.00
1st year of professional membership for graduating students. Official transcripts must accompany application.

**Student Member**

- Regular \$35.00

**National Annual Giving Contribution**

\$ \$

**National Scholarship Contribution**

\$ \$

**TOTAL**

\$

**Payment Options**

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

**Credit Card:** VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER EXPIRATION DATE
NAME ON CARD CID

To be eligible for scholarships from NABA, Inc., you must be enrolled at a qualified college or university within the United States and be African-American or of African descent.

Please remit your annual membership dues to the above address. Do not fax and mail this form simultaneously as this will result in your being charged twice. Also note, NABA's fiscal year begins July 1 and ends June 30. Dues are accepted any time during the year, and membership will expire on the 1 year anniversary date.

I verify that the information on this application is true and accurate. NABA reserves the right to verify any information I provide. As a member of NABA, I understand that I must adhere to NABA's Bylaws and National Policies and Procedures Manual (NPPM) as they are now or as they may be amended. Failure to do so may lead to discipline including termination of my membership without refund. I also understand that providing inaccurate information to NABA on this membership application or at any other time is a violation of NABA's Bylaws and NPPM and may lead to discipline including termination of my membership without refund.

SIGNATURE/DATE