

**PRINT ALL INFORMATION**

BLACK FACULTY AND STAFF ORGANIZATION

Membership Form

Membership Term October 1, 2018 - September 30, 2019

Annual Dues: $15.00

Mail To: Laverne Carter, Treasurer, LB 118

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| --- | --- |
| **Date** | □ **Faculty** □ **Staff** |
| **Name (last)** | **(first)** |
| **Department** | **Title** |
| **Campus Address** | **Campus Phone** |
| **Email Address** |  |
| **Dues Paid:**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | □ **Other/Donation (Please Specify Amount and Purpose)**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Purpose** |
| □ **New Membership** | □ **Renewal Membership** |
| **COMMITTEE INTEREST (PLEASE CHECK AS MANY AS APPLY**)  □Constitution and Bylaws Committee  □Faculty/Staff Development Committee  □Membership Committee  □Nominating Committee  □Scholarship Committee  □Special Projects (Black History Month and others)  □Staff Development Committee  □University Relations Committee | |
| **Office Use Only:**  Amount Received **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** □ Cash □ Check/MO (#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  □ Membership **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  □ Other **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Recruited By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| □ Submitted to Recording Secretary | |