

PRINT ALL INFORMATION



BLACK FACULTY AND STAFF ORGANIZATION  
Membership Form  
Membership Term October 1, 2019 - September 30, 2020  
Annual Dues: \$15.00  
Mail To: Laverne Carter, Treasurer, LB 118

Date	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Name (last)	(first)
Department	Title
Campus Address	Campus Phone
Email Address	
Dues Paid: \$ _____	<input type="checkbox"/> Other/Donation (Please Specify Amount and Purpose) \$ _____  Purpose _____
<input type="checkbox"/> New Membership	<input type="checkbox"/> 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