



MEMBERSHIP APPLICATION (please type or print)

Name _____ Gender: M F Home Phone: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip

E-mail: _____

School : _____
School Name City State

Please check the region in which you attend school or currently reside:

- 1. SE - Southeast Region (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, Virgin Islands, WV)
2. NE - Northeast Region (CT, D.C., DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
3. NC - North-Central Region (IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI)
4. West - West Region (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)

Degree (circle) BS BA M.Ed. MBA MS MHA MPA Ph.D. Other: _____

Major or Field of Study: _____ Completed Yes or No Year of Completion _____

Research Interests (If Grad student): _____

Please specify the NBGSA Committees or Commissions you would like to work with (Circle as many as desired)

Table with 6 columns: Conference, Communications, Community Concerns, Graduate Concerns, Membership, Special Projects, Finance, Judicial, Nominations and Elections

Membership (Please check the appropriate membership category. Memberships terms extend from conference to conference, which are usually held in the spring of each year. Membership dues are paid annually.)

Official Member (\$25)
Anyone actively pursuing a graduate or professional education

Associate Member (\$15)
Any undergraduate who has an interest in graduate or professional degree.

Associate Member (\$55)
Faculty/Professional with an interest in the organization

Alumni (\$45)
A member of NBGSA who has matriculated through a graduated program and has attended one NBGSC.

Lifetime Member (\$500)
A member of NBGSA who has matriculated through a graduate program and has attended one NBGSC. This member will only pay this one time membership fee to NBGSA.

New Member or Renewal (circle one) yes no ~ If renewing your membership, what year did you join the NBGSA? _____

I would like my name and member information to be included in the annual NBGSA membership directory? Yes No

Amount Enclosed \$ _____ Date _____ Signature _____

Mail application with full payment (Make checks payable to National Black Graduate Student Association) to:

National Black Graduate Student Association
Howard University
MSC590507
2400 6th St. NW
Washington, DC 20059