

NABA Los Angeles Professional Membership Application



"Lifting As We Climb"

Send the completed form along with any payments to:

National Association of Black Accountants, Inc.
 Los Angeles Professional Chapter
 Post Office Box 7351
 Los Angeles, CA 90007

Your Los Angeles
Leadership Team

Thank
 You
 For Your
 Support
 of
 NABA

Information will be used to compile demographic statistics, update NABA's database and support the MARS Program (NABA 'S referral service). MARS participants should also attach a resume. Please complete all information; however, if you do not want to participate in the MARS program, check here

Full Name _____

Preferred First Name _____ Male Female

Home Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____

Fax (____) _____ E-Mail _____

Preferred mailing address: Home Work

Current Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Position _____ # of years _____

Salary Range Under \$20,000 \$20's \$30's \$40's \$50's
 \$60's \$70's \$80's \$90's Over \$100

Previous Employer _____

Position _____ # of years _____

Certifications _____

Undergraduate School _____

Degree _____ Major _____ Graduation Year _____

Graduate School _____

Degree _____ Discipline _____ Graduation Year _____

NABA Chapter Affiliation _____ Year first joined NABA _____

Previously a Student member? Yes No

Accounting Career Awareness Program (ACAP)? Yes No

NABA Scholarship Recipient? Yes No

Annual Membership Dues (July 1, - June 30,) \$150.00	\$
Student Scholarship Fund Contribution	\$
Lifetime Membership: Pledge Payment <input type="checkbox"/> Initial Pledge <input type="checkbox"/> \$3,000 total pledge or \$1,000 per year	\$
Total Remittance	\$

Payable by check or credit card. If paying by company check, please ensure member's name appears on check.

Visa Card Master Card Amex Card Card# _____
 Expiration Date _____

Name on Card _____

Signature _____