

**MEMBERSHIP APPLICATION**

*Membership Year: September 1 to August 31*

*Please print clearly.*

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name/Initial: \_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School or Alternative Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: PreK-12 \_\_ College/University \_\_ Student \_\_ Consultant \_\_ Parent \_\_ Business/Community \_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP DUES**

*(Please place a check mark next to the amount submitted.)*

\_\_\_ Annual GCABSE Dues $50.00 \_\_\_\_ Annual NABSE Dues $100.00

\_\_\_ Local & National Dues $150.00 \_\_\_\_ NABSE Retired Educator $50.00

\_\_\_ Student $20.00 \_\_\_\_ NABSE Lifetime - $900.00 or $150.00 for 6 years

**GCABSE** is an affiliate of the National Alliance of Black School Educators (NABSE). The organization has 10 policy commissions based upon professional research and /or advocacy interests. Please check the one(s) below that best represent your interests.

\_\_ Administration \_\_ Superintendents & Principals \_\_ Instruction/Instructional Support

\_\_ Governance in Education \_\_ Higher Education \_\_ Retired Educators

\_\_ Parent \_\_ Special Projects Administration \_\_Program Development &, Research \_\_ Student Evaluation

OPTIONAL: Please refer a colleague or friend who might be interested in supporting GCABSE’s core mission: Promoting and facilitating the education of all students, particularly students of African descent.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: GCABSE, Post Box 36693 Charlotte, NC 28236-6693

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