



Membership Application

Send completed form with payment to:

info@SFMBA.com

or

South Florida Chapter - NBMBA

P. O. Box 278872

Miami, FL 33027

Name _____ Sex: M F Home Phone _____
(Please Type or Print) First Middle Last (Circle One)

Home Address _____
Street or P.O. Box City State Zip Code

Employer / Business _____ Office Phone _____

Email _____ Fax _____

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

Job Title _____ Year Employed _____

Undergraduate School _____ Class of _____

_____ School Name City State
Degree(s) _____ Major _____

Graduate School _____ Class of _____

_____ School Name City State

Concentration _____ Degree(s) (Circle): MBA MS MHA MPA Ph.D. Other _____

Please specify the chapter committees you would like to work with (Number in order of preference)

- Corporate Partners Community Development Fund Raising Human Resources Membership
- Program Public Relations Scholarship Leaders of Tomorrow Seminars

Membership: Please review the criteria for the types of membership and check one. Memberships are based on the **calendar year**. Membership dues are paid **annually**, unless you are a Full Life Member.

- Student Member (\$60) Full Member (\$125) Associate Member (\$125)
- Full Life or Associate Life (\$1,000) Life Installment or Associate Installment (3 payments of \$350)

Mail Preference: Home or Work New Membership or Renewal

Amount Enclosed \$ _____ Date: _____ If renewing, what year did you first join the NBMBA? _____

Credit Card Type:

VISA MasterCard American Express Diners Club **Expiration Date:** _____ **V-code** _____

Credit Card No: _____ **Signature:** _____

Who can join? A person with a MBA degree, a person actively pursuing an advanced degree, a person distinguished in business, or one that supports the organization's mission.

Payment received by: _____ Date: _____