Greater Nashville Alliance of Black School Educators
Membership Application

Date of Application: _____

Select One: New ___ Renewal ___

Name _____

Current Position/Title _____

Home Address _____

_____
city state zip code

Home Phone _____ Cell_____

Fax _____ Email: _____

Work Address _____

_____
city state zip code

Work Phone _____ Ext. _____

Fax _____ Email: _____

(Please check as Appropriate)

__ Local Membership	$40	
__ Retired Membership	$20	
__ Student Membership	$10	
__ National Membership	$100	(may apply on line) www.nabse.org

Amount Enclosed _____

Are you a National member ? __Yes __No (information is needed for the annual affiliate report)

Send completed applications to: GNABSE / Attn. Jo Beene
P.O. Box 280233
Nashville, TN 37228