



BLACKS IN GOVERNMENT
NATIONAL INSTITUTES OF HEALTH CHAPTER
PO BOX 542
KENSINGTON, MD 20895-0542

MEMBERSHIP APPLICATION

NAME (Last, First, Middle Initial) _____

HOME ADDRESS

Number and Street _____ APT# _____

City _____ State _____ Zip _____

Best Phone Number _____

WORK ADDRESS _____

IC _____ Bldg. _____ Room# _____

PERSONAL EMAIL _____

WORK EMAIL _____

Membership Category	Annual Dues		
	BIG NIH Chapter Dues	National Dues	Total
<input type="checkbox"/> Regular	\$20	\$45	\$65
<input type="checkbox"/> Associate	\$20	\$25	\$45
<input type="checkbox"/> Associate- Undergrad Student	\$10	\$20	\$30
<input type="checkbox"/> Life*	\$20	\$375 one-time fee	1 st year- \$395 Annually- \$20

*Must be approved by National Board of Directors

I wish to become a member of the National Institutes of Health Chapter of Blacks In Government® with all rights and privileges of membership.

Signature _____ Date _____

Amount Received _____ Cash Check Electronic
 Date Processed: _____ Signature of Processor: _____