**BLACKS IN GOVERNMENT NATIONAL INSTITUTES OF HEALTH CHAPTER P.O. BOX 542**

**KENSINGTON, MD 20895-0542**

**MEMBERSHIP APPLICATION**

(PLEASE TYPE OR PRINT)

**NAME**

Last First MI

**HOME ADDRESS**

STREET APT#

CITY STATE ZIP

HOME PHONE

**WORK ADDRESS** EMAIL

ICD BLDG ROOM#

PHONE FAX MAIL STOP CODE

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 TYPE OF MEMBERSHIP (CHECK ONE)**

( ) NEW ( ) ASSOCIATE (non NIH Employee) ( ) LIFE ($325.00)

( ) RENEWAL ( ) REGULAR ( ) LIFE SUBSCRIBING (installment plan -

$25 increments (consecutively for 12 months) after $75 initial payment that includes $50 membership fee)

MEMBERSHIP NO. (AMOUNT) $

**EXPLANATION OF MEMBERSHIP DUES STRUCTURE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Regular** | **Associate** | **Life** |
| Chapter Dues: | $15.00 | $ 3.00 | $15.00 |
| National Dues: | $35.00 | $25.00 |  |
|  | ----------- | ---------- | ---------- |
| Yearly Total | $50.00 | $28.00 | $15.00 |

**MAKE CHECK OR MONEY ORDER PAYABLE TO “BIG / NIH CHAPTER” MAIL TO BIG / NIH CHAPTER, P.O. BOX 542, KENSINGTON, MD 20895-0542**

AMOUNT ENCLOSED**: $** ( ) CASH ( ) CHECK ( ) MONEY ORDER SOLICITOR Official Use Only (processed) date