BLACKS IN GOVERNMENT
NATIONAL INSTITUTES OF HEALTH CHAPTER
P.O. BOX 542
KENSINGTON, MD 2 0 8 9 5 - 0 5 4 2

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	
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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 _____