

PRINT ALL INFORMATION



BLACK FACULTY AND STAFF ORGANIZATION

Membership Form

Membership Term October 1, 2014 - September 30, 2015

Annual Dues: \$15.00

Mail to: Laverne Carter, Treasurer, LB 118

Make checks payable to Black Faculty and Staff Organization or BFSO

Date	
Name (last)	(first)
Department	
Campus address	Campus phone
Email address	
Amount Paid: \$ _____	<input type="checkbox"/> Other/Donation (Please specify amount and purpose) \$ _____ Purpose _____
<input type="checkbox"/> New membership	<input type="checkbox"/> Renewal membership

COMMITTEE INTEREST (PLEASE CHECK AS MANY AS APPLY)

- Constitution and Bylaws Committee
- Scholarship Fund Committee
- Faculty/Staff Development Committee
- Membership Committee
- Nominating Committee
- Public Relations/Media Committee
- University Relations Committee
- Special Projects (Black History Month and others)

Office Use Only:

Amount Received \$ _____ Cash Check/MO (# _____)

Membership \$ _____

Other \$ _____ (Specify: _____)

Recruited By: _____ Phone# _____

Submitted to Recording Secretary