

SOAAP

SOCIETY OF AFRICAN AMERICAN PROFESSIONALS

Date:

First Name: Middle Name: Last Name:

Gender: Male Female
Check One: New Member Renewal Member

Member Since

Title/Position: No. of Years in the B&GC Movement:

Name of Organization: Name of Unit/Extension:

Mailing Address: City:

State: Zip Code: Region:

Business Phone: Business Fax: E-mail Address:

How did you learn about SOAAP?

Are you interested in serving on a committee?
 Membership Professional Development Marketing
Are you in need of a mentor?
 Yes No

Annual Dues
 Part-time Professional \$25
 Full-time Professional \$50
 Executive Professional \$100

Make your check payable to SOAAP and mail with application to:
Society of African-American Professionals (SOAAP)
Attention: Richard Jones
c/o Lodi Boys & Girls Club
P.O. Box 244
Lodi, CA 95241

"Please allow 4-6 weeks for processing"