

SOAAP

SOCIETY OF AFRICAN AMERICAN PROFESSIONALS

Date:

/	/	/
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First Name:

Middle Name:

Last Name:

Gender: Check One:

- | | |
|--|--|
| <input type="checkbox"/> Male

<input type="checkbox"/> Female | <input type="checkbox"/> New Member

<input type="checkbox"/> Renewal Member |
|--|--|

Member Since

/	/	/
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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
- Non-BGCA Professional \$50
- (Includes: spouses, retired members, past board members)
- Executive Professional \$100
- Current Board Member \$100

Make your check payable to SOAAP and mail with application to:

Society of African-American Professionals (SOAAP)

Attention: Andre Arrington
 c/o Don Moyer Boys & Girls Club
 P.O. Box 1396
 Champaign, IL 61820

