



--INSTITUTIONAL MEMBERSHIP INVOICE--

INSTRUCTIONS: Please complete the form below, type or print clearly to ensure legibility. Send your CHECK in the amount of \$300 and a copy of the completed INVOICE to:

NCBAA
Dr. Sheila D. White-Daniels
Vice President for Membership
P.O. Box 311169
Atlanta, GA 30331-7331

INSTITUTION \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Institutional Membership Fee is \$300.00. The NCBAA IRS ID is 23-7367422N.

CHECK in the amount of \$ \_\_\_\_\_ is enclosed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received \_\_\_\_\_ Region: North Central Northeast Southern Western
Vice President for Membership

Date Membership Card(s) Mailed: \_\_\_\_\_ Date to Treasurer \_\_\_\_\_ Date Processed by Treasurer \_\_\_\_\_

The membership year is July 1, 2011 to June 30, 2012.

Address inquiries to:

NCBAA
Dr. Sheila D. White-Daniels, Vice President for Membership
P.O. Box 311169
Atlanta, GA 30331-7331
(404) 691-2579
swhiteda@me.com