NSBE- Indianapolis Alumni Extension
Local Membership Application Form

***** APPLICATIONS WITHOUT PAYMENT AND MEMBERSHIP FORM WILL NOT BE PROCESSED *****

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Alternate Phone:** _____

E-mail: _____ _____

Member Status: ☐ Returning ☐ New ☐ New Graduate, Graduation Date: _ _____

NSBE National Membership #: _____ **NSBE-IAE Membership #:** _____

Degrees: 1. _____

2. _____

College/University(s) Attended: 1. _____

2. _____

Please list all certifications, e.g., P.E., Black Belt, MSCE etc. _____

Employer/Title: _____

Which NSBE Indianapolis Alumni Extension Committee are you interested in supporting:

☐ Finance ☐ Membership ☐ PCI ☐ Returning ☐ Other ☐ None

Payment Type: ☐ Cash ☐ Check # _____ ☐ Money Order # _____
☐ Certified Check # _____

☐ $30 New/Renewing Member
☐ NSBE-IAE Scholarship Fund Donation $ _____ Total enclosed $ _____

Signature: _____

Please remit payment to:
NSBE-IAE, c/o Membership Chair
P.O. Box 364
Indianapolis, IN 46206-0364

Note: Returned check fees = amount of check+ bank fees in cash due within 30 days