

Please type or print this application and return to: **NOBCChE P.O. Box 77040 Washington, DC 20013**
 Or complete our web application at www.nobccche.org.

Personal Profile	
Please provide all information requested. Print your name as you wish it to appear on your membership card and all NOBCChE correspondence.	
[] Dr. [] Mr. [] Ms.	
First	M.I.
Last	
Street Address	
City/State	Zip Code
Home Phone 10 digits (area code) -	
Business Phone (area code) - Ext.	
Email address	
Academic Profile	
Undergraduate Institution	Degree/Major
Graduate Institution	Degree/Major
Is either an HBCU? [] Undergrad [] Graduate	Are you currently enrolled? [] Yes [] No
Professional Profile	
Employer/Company Name	
[] Academia [] Government [] Industry [] Independent	
Career Level: [] Early (<5years) [] Mid [] Manager [] Executive [] Retired	
Job Function: [] Engineer [] Research/Scientist [] Professor [] Consultant [] Executive [] Administration	

2008-2009 Membership Categories and Dues
Membership dues are applied to the fiscal year in which they are received. The fiscal year for NOBCChE is July 1 – June 30
Please check appropriate membership: [] New Member [] Renewal
[] Full (Voting).....\$75 [] Associate (Non-voting).....\$40 [] Student (Non-voting).....\$10
In which region do you reside? _____
Midwest: IL,IN,IA,KS,MI,MN,MO,MT,NE,ND,OH,SD,WI,WY Northeast: CT,ME,MA,NH,NJ,NY,PA,RI,VT Southeast: AL, DE, FL, GA, KY, MD, MS, NC, SC, TN, VA, WV, Washington DC, Virgin Islands, Puerto Rico Southwest: AR, CO, LA, NM, OK, and TX West: AK, AZ, CA, HI, ID, NV, WA,OR, UT and WA
Payment
Please make check or money order payable to NOBCChE. Contributions to NOBCChE are tax deductible and may be eligible for matching gifts from your employer.
Membership dues.....\$ _____ NOBCChE Endowment Fund\$ _____ Full - \$500 Partial - \$100 (enter amount above) Other Endowment Amount - \$ _____ Total - \$ _____
[] VISA [] MasterCard [] American Express
CC# - - -
EXP. MM / YY
Name as it appears on Card
Billing Address
Billing Zip Code
Billing Phone