



KABHE MEMBERSHIP APPLICATION

MEMBERSHIP FEE: \$35.00

APPLICATION

Applicant's Last Name	First	Middle Initial	Suffix
			<input type="checkbox"/> Jr. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Sr. <input type="checkbox"/> J.D. <input type="checkbox"/> II <input type="checkbox"/> M.D. <input type="checkbox"/> III

Institution/Organization	Title/Position/Department:

Address:	City	State	Zip Code

Phone (include area code):	Fax (include area code):

Email:	Shirt Size:
	<input type="checkbox"/> X-Small <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> X- Large <input type="checkbox"/> Medium <input type="checkbox"/> XX-Large

SIGNATURE

Applicant's Signature:	Date:
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Forward completed application & fee to:

S. G. Carthell, Director
 African American Student Services/Ethnic Programs
 Curris Center, Rm. 110
 Murray State University
 Murray, KY 42071
 Phone: 270 – 783-2668
 Fax: 270-809-5016
 Email: sg.carthell@murraystate.edu

Make Checks Payable to KABHE