***Council of Black Administrators (COBA) School Year \_\_\_\_\_\_\_\_\_\_\_\_***

\_\_\_ *Regular* Membership Application and Update Information

*\_\_\_ Associate (This is an update for all members – New, Continuing and Emeriti)*

***(Please Print)***

**Name:** Mr. Mrs. Ms. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street*  *City Zip Code*

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Non-Work** **Cell Phone:** \_\_\_\_\_\_\_\_\_\_ **Work Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Area Code Number Area Code Number Area Code Number*

**Work Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Non-Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Location:** Local District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 Please check ***one*** item below:

*1. \_\_\_\_\_* **New Member** *Dues will be paid by Payroll Deduction \_\_\_\_Dues will be paid in full by Check-Attached*

 *2.\_\_\_\_\_* **Emeriti** *\_\_\_\_ Dues will be paid by check – Attached*

 *3*. **\_\_\_\_\_Update Information Only***\_\_\_\_ Currently a COBA Member on Payroll Deduction*

***Please complete and email to:*** ***COBA81968@gmail.com***

***Subject: COBA Membership***

*Revised 2021*