

National Society of Black Engineers Membership Form

Please return form along with payment to 380L CCC/SCE

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Student ID: _____ Sex: _____

Email: _____

Major: _____

Classification (Fresh., Soph., Jr., Sr., Grad): _____

Expected Graduation Date: _____ GPA: _____

New or Renewing Membership: _____

How Did You Hear About NSBE: _____

Emergency Contact Person: _____

Emergency Number: _____ Alternate: _____

Anything Else You'd Like To Share?