



HBCU Faculty Development Network Membership Application

1) Name:		
Title:		
Organization:		
Address:		
Phone:	Fax:	E-mail:

2) Name:		
Title:		
Organization:		
Address:		
Phone:	Fax:	E-mail:

For Institutional Membership, please complete and submit additional forms, if necessary!

Membership dues are:

Faculty	\$ 50
Administrative	\$ 50
Institutional	\$ 200
(5 persons/\$50 discount)	
Exhibitors:	
Associate	\$ 500
Partner	\$1000

Sponsorships/Partnerships—
determined by the Board of Directors

Amount Enclosed _____

Please return this form along with your check or money order payable to HBCUFDN. Send to ***HBCU Faculty Development Network***, P. O. Box 105 Tougaloo, MS 39174. Please call for instructions on payment via credit cards or purchase orders. (***Tax Exempt No: 640-30-3093***)

For more information, contact the ***HBCU Faculty Development Network*** at: (504) 816-4368 or (601) 977-7861; fax: (601) 977-6148; or e-mail: network@hbcufdn.org **All memberships are annual.**