



**The National Organization of Professional Black NRCS Employees**  
*(The Organization)*  
**2007 Membership Application**

Any person or organization subscribing to the purpose of the National Organization of Professional Black NRCS Employees is eligible to apply for membership. Please type in your information before printing. You may print a blank form to fill out by hand. Please print clearly. Feel free to copy blank form and distribute as needed. *(Please send 2 signed copies to the treasurer.)*

**Tiffany Laws, Financial Secretary**  
**The Organization**  
 P.O. BOX 395, Arnold, MD 21012  
 Phone: (401) 757-0861

Please Print 3 copies: (2 for Financial Secy. and 1 copy for your records)

**Choose Type of Membership**

- Lifetime Membership (\$500.00)**
  - 1 payment (\$500.00)
  - 4 payments (\$125.00)
  - 8 payments (\$62.50)
  - 2 payments (\$250.00)
  - 5 payments (\$100.00)
  - 10 payments (\$50.00)
- 1-Year membership for 2005 (\$45.00)\***  
 Applicable to anyone who desires to be a member of The Organization. \*A LATE FEE OF \$10 IS ACCESSED AFTER JANUARY 31, 2007.
- Sustaining Life Membership**  
*Applicable to Life members who contribute \$130.00 or more annually after obtaining Life Membership status.*
  - I prefer to mail my payments
  - I prefer Direct Deposit.
- Sustaining Annual Membership**  
*Applicable to any regular annual member who contribute \$130.00 or more annually towards the support of the Organization.*
  - I prefer to mail my payments
  - I prefer Direct Deposit.

**Choose Type of Membership**

Mr.  Mrs.  Ms.  Miss First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_  
 Title Agency:  NRCS. Other: \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

*(If you prefer to receive Organization mailings at a different address please provide mailing information below.)*

Office Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

**Yes** I would like to be listed in The Organizations Network Directory!

What Region are you in?:

- East  Midwest  NHQ  Northern Plains  South Central  Southeast  West

Are you a Chapter Member?  Yes  No (if yes, which one?) \_\_\_\_\_

*(Note: Chapter dues are not accepted or processed at National level. Please send your chapter dues to your local chapter).*

If asked, I am willing to serve on the:

- Agriculture
- Awards
- Budget
- Communications
- Constitution & Bylaws
- Employee Career & Development
- Exhibits
- Historical Black Colleges & Universities
- Liaisons
- Membership
- Planning
- President's Advisory
- Urban
- Ways and Means

**Total Enclosed \$** \_\_\_\_\_ **Signature** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Authorized Initials \_\_\_\_\_