

FORT WORTH
ALLIANCE OF BLACK SCHOOL EDUCATORS
P.O. BOX 471519
FORT WORTH, TX 76147

Date: _____

Name _____ School Name _____ School # _____

Position _____ E-mail Address _____

If teacher, please indicate subject(s) you presently teach _____

Home Address _____ City _____ Zip _____

Home Phone () _____ Business Phone () _____

Business Address _____ City _____ Zip _____

Please indicate your preference for receiving FWABSE mail and telephone call

Please mark the committee you are willing to serve on:

Student Involvement Parent Involvement

Program Coordinating Committee Fund Raising

Award Committee Membership

Indicate type of membership: Local/State \$35____ National \$100____

CASH: _____

MAKE CHECK PAYABLE TO FWABSE

CHECK _____ CHECK# _____
DOLLAR AMOUNT CHECK AMOUNT

PAYROLL DEDUCTION:

I authorize FWISD to make a one time deduction of **\$ 35.00** of local membership for FWABSE

Signature _____ SS# _____

I authorize FWISD to make (2) two deductions of \$50.00 each of national membership dues for NABSE

Signature _____ SS# _____

If you join both, it will be \$135 (2 deductions, \$62.50 each)

2010-2011 Officers

Amelia Harden-Wilson

President

Shawn Buchanan

Secretary, Recording

Felissia Willis

Treasurer (Accountant Specialist)

Gail Lewis

Local Conference 2010 NABSE Chair

Referred by: _____