



The one-year membership period begins when the application and fee are submitted.

When viewing this form as a PDF in Adobe, you can click on the fill-in box or the check box to type directly into it, save to desktop and print.

Please attach a business card if one is available.

Membership Application

Name _____ Title / Responsibility _____

School or Agency _____

Corporate or School District name or # _____

Mailing address _____

City _____ State _____ Zip code _____

Work Ph. # _____ Home Ph. # _____ Fax # _____

Email _____ Web Site URL _____

Membership Category

Please Check One:

- Administrator
 Educator
 Counselor
 Paraprofessional
 Retiree
 Classified
 Parent
 Student
 Community Stakeholder
 Corporate Representative
 Consultant
 Other: _____
(please specify)

Network Membership Structure

Please Check One:

- \$10 High School Student
 \$25 Parent
 \$75 Educator
 \$100 Community Member / Other
 \$500 Non-profit organizations (e.g. K-12 schools, fraternities, sororities, etc.)
 \$1,500 School Districts / Colleges / Universities
 \$5,000 Corporations / Foundations

Please make check payable to CAAAE and mail to:

ABEN
P.O. Box 3134
San Jose, CA 95156-3134

A BLACK EDUCATION NETWORK is a professional organization for those whose purpose is to make a positive difference in the lives of African American children everywhere!

For additional information, please contact:

Debra Watkins
Founder & Executive Director
ph: 1 (408) 977-4188 • fax: 1 (408) 453-0997
email: info@caaae.org
Web address: www.aben4ace.org

ABEN: INTERNAL ACCOUNTING ONLY