



PENNSYLVANIA BLACK CONFERENCE ON HIGHER EDUCATION, INC.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

PROMOTING MINORITY ACCESS AND ADVANCEMENT IN HIGHER EDUCATION SINCE 1970

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WESTERN REGION DIRECTOR

Vacant

Complete this application and send along with payment to:

PBCOHE
PO Box 7446
Steelton, PA 17113

Professional: Faculty _____ Staff _____ Administrator _____

Student: Undergraduate _____ Graduate _____

Dr. [] Mr. [] Mrs. [] Ms. []

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Institution Website: _____ Email: _____

Membership

Dues:

Student (\$30)
Professional (\$75)

Total Amount Enclosed \$ _____

Check No. _____

Make checks payable to Pennsylvania Black Conference on Higher Education, Inc. (Federal ID# 23-2162416)

Signature _____ Date _____