Michigan State University Black Alumni, Inc.

Detroit Chapter
16262 LaSalle
Detroit, MI 48221

Membership Application

New ____ Renewal ____

Name: _____ _____ ___ _____
Last First MI Maiden

Address: _____ _____ ___ _____
Street City State Zip Code

Phone: _____ _____ _____
Home Business E-mail

Employer: _____ _____
Employer Occupation

MSU Grad: Yes No _____ _____ _____
Circle one Years Attended Degree(s)/Year Major

If applying for joint membership, please provide information requested below.

Spouse's Name: _____ _____ ___ _____
Last First MI Maiden

Employer: _____ _____
Employer Occupation

MSU Grad: Yes No _____ _____ _____
Circle One Years Attended Degree(s)/Year Major

YES NO I give M.S.U.B.A., Inc. permission to print the above information.
Circle One

AREAS OF INTEREST

____ Alumni Relations	____ Membership	____ Scholarships
____ Budget/Finance	____ Communications	____ Endowment
____ University Relations	____ Fund Raising	____ Homecoming

Non - Student	Student
$10.00	$7.00

Applicant Signature: _____ Date: _____

Please make check payable to MSU Black Alumni, Inc. Mail completed application and check to:

MSUBA Detroit
Attn: Charles J. Smith
16262 LaSalle
Detroit, MI 48221