



# SAAB – Membership Information Form

Student African American Brotherhood (SAAB)  
Indiana State University chapter: Founded 2007

All steps below must be completed. PLEASE PRINT CLEARLY.

STEP 1: Write in Expected Graduation Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

STEP 2: Write in Your First and Last Name (include middle initial if you have one):

\_\_\_\_\_

STEP 3: Write in Your Contact Information at School (where you can be reached when school is in session)

Address 1 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

STEP 4: Write in Your Permanent Contact Information (where you can be reached when school is not in session)

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

STEP 7: Please Check Your Degree Program

Your Major: \_\_\_\_\_ (if non-applicable, write NA)

Check your Academic College/Area

Arts & Sciences

Business

Technology

Education

Open Preference

Nursing, Health and Human Services

Academic Opportunity Program (AOP)

STEP 5: Calculate Dues Owed/Choose

(a) Blazer and Shield Dues: \$20.00 (one-time cost) \_\_\_\_\_ Blazer Size (i.e 48xl) : \_\_\_\_\_

(b) Chapter Dues \$5 per semester, circle one: Semester (\$5) / Year (\$10) \_\_\_\_\_

Total dues: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_