

Mississippi Business Education Association 2011-2012 Membership Application

Name _____

School _____

School Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

School Telephone _____ Home Telephone _____

E-Mail _____ Fax Number _____

Where would you like MBEA correspondence to be sent? School Home

Please check all boxes that apply:

- | | |
|---|---|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Business/Computer Technology |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Computer Discovery |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Academic Business |
| <input type="checkbox"/> Postsecondary | <input type="checkbox"/> Vocationally Reimbursed |
| <input type="checkbox"/> Teacher Educator | <input type="checkbox"/> Student-\$5 |
| <input type="checkbox"/> Other: _____ | |

Are you currently a member of NBEA? Yes No

If yes, list your membership number. _____

If no, would you like information on joining NBEA? Yes No