



Black Alliance for Educational Options

1710 Rhode Island Avenue NW, FL 12
Washington, D.C. 20036
p: 202.429.2236
f: 202.429.2237

☐ Renewal ☐ Upgrade ☐ New Membership

☐ Male First Name MI Last Name

☐ Female Address City State Zip

☐ Ms. Birthdate

☐ Mrs. Birthdate

☐ Mr. Birthdate

☐ Dr. Day Phone Evening Phone Mobile Phone

Fax E-mail Address

Preferred Method of Contact: ☐ Day Phone ☐ Evening Phone ☐ Mobile Phone ☐ Fax ☐ E-mail

Company Job Title

Highest Level of Education:

☐ High School Diploma ☐ College Degree ☐ Masters Degree ☐ Doctoral ☐ Other: _____

Race/Ethnicity: _____

Please check all that apply:

My children attend:

- ☐ Traditional Public School
☐ Charter School
☐ Private School
☐ Home School
☐ Other: _____
☐ No school-aged children, but I support quality educational options for Black children

How did you hear about BAEO:

- ☐ BAEO TV Ad
☐ TV News Program
☐ Radio
☐ Newspaper
☐ Magazine
☐ Internet
☐ Co-worker
☐ Family Member
☐ Friend
☐ Other, please specify _____

I am a:

- ☐ High School Student
☐ Undergraduate/Graduate Student
☐ Parent/Guardian of a K-12 Student
☐ PTO/PTA Member
☐ Teacher at a _____ school
☐ School Administrator
☐ Other PK-12 Educational Staff Person
☐ School Board Member
☐ College/University Faculty or Staff
☐ Elected Official
☐ Business Professional
☐ Community Activist/Leader
☐ Religious Leader/Minister
☐ Other: _____

My age:

- ☐ 16-35 (emerging leader)
☐ 36-55
☐ 56 and over

OPTION 1: LIFE MEMBERSHIP

- | | | |
|------------------|---|---|
| Diamond - | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> (minimum of \$250/year for 10 years) |
| Gold - | <input type="checkbox"/> \$1,500 | <input type="checkbox"/> (minimum of \$150/year for 10 years) |
| Silver - | <input type="checkbox"/> \$900 | <input type="checkbox"/> (minimum of \$150/year for 6 years) |
| Bronze - | <input type="checkbox"/> \$500 | <input type="checkbox"/> (minimum of \$100/year for 5 years) |

OPTION 2: SINGLE YEAR MEMBERSHIP

- | | |
|----------------------------|--------------------------------------|
| Full-time Student - | <input type="checkbox"/> \$10 |
| Individual - | <input type="checkbox"/> \$25 |
| Family - | <input type="checkbox"/> \$35 |
| Retired - | <input type="checkbox"/> \$25 |

OPTION 3: I would like to make a tax deductible contribution to support the work of BAEO.

☐ \$ _____

Family Members (if there is a family membership)

Household Income:

- ☐ Under \$33,597 ☐ \$33,598 – \$43,937 ☐ \$43,938 – \$52,999 ☐ \$53,000 – \$65,000 ☐ Above \$65,000

Chapter (if known or applicable)

Were you referred to BAEO by a current member? If so, please provide their name, city and state on the line above.

Choose a payment option:

- ☐ Enclosed is a check or money order payable to BAEO ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Account Number

Expiration Date

Card Holder Name

Card Holder Signature

Billing Address

City

State

Zip

BAEO's policy forbids the use of our Member Lists for sales, telemarketing or other unauthorized and inappropriate use. The lists are provided to members of our organization. While the list may be used for intra-organization networking, outside event invitations and business-related mailings by members, it may not be provided for non-members.

I, the undersigned, hereby affirm to abide by the Bylaws and policies of the Black Alliance for Educational Options, Inc.

Applicant

Date