



Booker T. Washington Alumni & Friends, Inc.
New Orleans, Louisiana

MEMBERSHIP REGISTRATION FORM

*"It is the responsibility of privileged people
to act with generosity and nobility toward those less privileged."*

Noblesse Oblige!

MEMBERSHIP TYPES - Check one:

- Member:** Membership for all who graduated from or attended BTW Year of Graduation: _____
- Honored Member:** Graduate Membership conferred by Executive Board Year Honored: _____
- Friend:** Person who is not graduate from of Booker T. Washington or a business or organizational affiliate.
Note: A Friend may not vote or hold office and must adhere to the rules of the Association.

CONTACT INFORMATION (Please Print or Type):

 First Name Middle Name Maiden (If applicable) Last Name

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____

Mobile (Cell) Phone: _____

Email Address: _____

MEMBERSHIP DUES: Annual Membership dues will be assessed beginning October 16, 2016 and may be paid at any time between now and that date. You may pay your dues at any Alumni meeting or by mail. Please make your check or money order payable to: **Booker T. Washington Alumni & Friends, Inc.**
Note: Dues are not tax deductible.

CHARITABLE DONATIONS & GIFTS: All gift donations will be greatly appreciated. Persons who wish to make a Gift Donation to the organization should indicate the amount here. \$ _____ (The Association is a 501(c) (3) Non-Profit Organization).

MEMBER'S AGREEMENT AND RELEASE: As a member of this Booker T. Washington Alumni & Friends, Inc., I agree to support and subscribe to its principles, policies goals and objectives, and to abide by its Bylaws. The Alumni Association has my permission to use and identify information and photographs of me in Alumni Association communications and publications including but not limited to the newsletter, website and publications.

Signature of Applicant _____ Date _____

Complete if submitted on behalf of the named applicant: Name _____ Signature _____
Date _____ Relationship _____

Booker T. Washington Alumni & Friends, Inc
MEMBERSHIP REGISTRATION FORM (continued)

BRIEF MEMBER BIOGRAPHY (optional):

Please complete and submit this **Form** and your **Membership dues** at any Alumni Association meeting or by mail.

Mail to: Booker T. Washington Alumni Association & Friends, Inc.
P.O. Box 58568
New Orleans, LA 70158-8568

Ruby Simmons
Membership Registrar
Chairperson Membership Committee

Nolan McSwain
Business Manager
Membership Coordinator

Wayne M. Jones, *President* ♦ William Giles, *Vice President* ♦ Mary Winfield Sentino, *Recording Secretary* ♦ Troy Henderson, *Financial Secretary*
Darlene Hargrove, *Treasurer* ♦ Nolan McSwain, *Business Manager* ♦ Harry Larks, *Sergeant-At-Arms* ♦ Hewitt Bashful, *Chaplain*