



# NABA Lifetime Membership Application

Submit application form to:  
National Association of Black Accountants, Inc.  
7249-A Hanover Parkway, Greenbelt, MD 20770  
Phone: (301) 474-NABA Fax: (301) 474-3114

## Lifetime Membership Application

Due to increased interest in Lifetime membership and to make it more convenient for your participation, NABA now offers a new application for your involvement. While the fees remain at \$3000 we have instituted two pledge methods. They include an installment plan with three equal \$1000 payments and a monthly bank debit option through electronic fund transfer (EFT).

### Pledge Obligation

1. THE FULL PLEDGE OF \$3000 SHOULD BE COMPLETED WITHIN THREE YEARS.
2. FULL PAYMENT OF ANNUAL MEMBERSHIP DUES MUST BE MADE DURING COURSE OF PLEDGE COMMITMENT.
3. ALL PAYMENTS WILL BE PLACED IN LIFETIME MEMBERSHIP FUND AND ARE NON-REFUNDABLE.

MEMBER NAME

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

### Payment Options

#### 1. THREE EQUAL INSTALLMENT PLAN

Payment Amount \$ \_\_\_\_\_

- Check enclosed made payable to NABA, Inc. (Please include registrant's name on check and return this form with payment)
- Visa     MasterCard     American Express

NAME ON CREDIT CARD

\_\_\_\_\_

CARD NUMBER

EXPIRATION DATE

SIGNATURE

\_\_\_\_\_

#### 2. MONTHLY BANK DEBIT

ACCOUNT TYPE:     Checking     Savings    PAYMENT OPTIONS:     36 monthly payments of \$83.33     \$ \_\_\_\_\_ per month for \_\_\_\_\_ months totaling \$3000

BANK NAME

\_\_\_\_\_

ACCOUNT NUMBER

\_\_\_\_\_

BANK ABA NUMBER

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

By signing this form, I agree to allow NABA, Inc. to debit my bank account for the amount specified in the payment options section above.

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