



## DUBAC MEMBERSHIP FORM

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone [h] \_\_\_\_\_ Phone [w] \_\_\_\_\_

Phone [m] \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Interests:

\_\_\_\_ Mentoring

\_\_\_\_ Local Chapter events

\_\_\_\_ Undergraduate Recruiting Events

\_\_\_\_ Career Panel

\_\_\_\_ Fundraising

\_\_\_\_ Other [list] \_\_\_\_\_

## DUBAC DUES

\_\_\_\_ Dues check enclosed for \$25.00. Please make check payable to DUBAC.

Please return this form and payment to:  
DUBAC c/o Janine Dixon  
19424 Pyrite Lane  
Brookeville, MD 20833-2231