



P.O. Box 4585 Wichita, Kansas 67204  
Email: info@ubrc.org Web: www.ubrc.org

## Membership Form

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Work Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Preferred mailing address:**

Work  
 Home

**Check all that apply:**

New Member  
 Renewing Member

**Check any committees that you have an interest in serving on:**

Auditing  
 By-Laws & Handbook  
 Event Planning  
 Finance  
 Legislative  
 Membership  
 Publications  
 Publicity  
 Scholarship

**Basic Dues:**

Adult: \$25.00  
Student: \$20.00 (List institution attending)

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Organization or Business: \$200.00  
Student Organization: \$100.00

**Total:** Make check payable to UBRC.  
\$ \_\_\_\_\_

Membership is valid for one year.  
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Please consider making a contribution to furthering education.

**Art Fletcher Memorial Scholarship Fund:** please make check payable to:  
\$ \_\_\_\_\_

**Al Maxwell Living Memorial Scholarship Fund:** Please make check payable to:  
\$ \_\_\_\_\_

**Mail form and checks to:**

United Black Republican Coalition  
c/o Treatha Brown-Foster  
Convention Treasurer  
P.O. Box 4585  
Wichita, KS 67204

[tbrown@ubrc.org](mailto:tbrown@ubrc.org)  
<http://www.ubrc.org/convention>

FOR UBRC EXECUTIVE OFFICER USE ONLY

Date received: \_\_\_\_\_

Membership year: \_\_\_\_\_

Membership #: \_\_\_\_\_