

BLACK DATA PROCESSING ASSOCIATES		Membership Application Form		
RHODE ISLAND CHAPTER 17 Gordon Avenue, Suite 002 PROVIDENCE, RI 02905		I AM APPLYING FOR MEMBERSHIP: <input checked="" type="checkbox"/> Rhode Island Chapter Pres@bdpari.org http://www.bdpari.org		
CURRENT MEMBERSHIP STATUS:		MEMBERSHIP CATEGORY:		
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal/Member ID:		<input type="checkbox"/> Full-time Student Membership \$15.00 <input type="checkbox"/> 1-Year Full Membership \$75.00 <input type="checkbox"/> 5-Year Full Membership \$300.00		
LAST NAME		FIRST NAME		M.I.
Home or Mailing Address		City	State	Zip Home #
Employer/School		Occupation/Vocation		Work Phone No.
Employers/School Address		City/State		Zip Code
E-mail Address:				
Which BDPA Department interests you most?				
<input type="checkbox"/> Business Management Department		<input type="checkbox"/> Marketing/Public Relations Department		
<input type="checkbox"/> Finance/Fundraising Department		<input type="checkbox"/> Outreach (Student Education) Department		
<input type="checkbox"/> Membership Department		<input type="checkbox"/> Communication Department (website/newsletter)		
<input type="checkbox"/> Professional Development Dept.		<input type="checkbox"/> Conference Department		
<input type="checkbox"/> Members Benefits Department		<input type="checkbox"/> Career Development Department		
<input type="checkbox"/> Telecommunication SIG		<input type="checkbox"/> Entrepreneur SIG		
<input type="checkbox"/> Strategic Planning & Analysis		<input type="checkbox"/> Other (specify)		
Do you own a Personal Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No / Modem? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What areas of BDPA interest you most?				
<input type="checkbox"/> Technical Development		<input type="checkbox"/> Youth Programs		
<input type="checkbox"/> Professional Development		<input type="checkbox"/> Education		
<input type="checkbox"/> Social Interaction		<input type="checkbox"/> Other (please specify)		
How did you find out about BDPA?				
<input type="checkbox"/> Website		<input type="checkbox"/> Word of mouth		
<input type="checkbox"/> Newsletter		<input type="checkbox"/> Radio / TV Station		
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Referring Member's Chapter		
<input type="checkbox"/> Internet		<input type="checkbox"/> Other		
<input type="checkbox"/> Current Member				
Make check payable to: BDPA				
Method of Payment: Cash – Check - Money Order - Credit Card				
Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx	Account No:
Name on Card:		Expiration Date:		
Card Issuer:		Issuer Phone # for Auth:		
Required by all applicants:				
_____			_____	
Authorized Signature			Date	

Please return completed Application to BDPA-RI, 17 Gordon Avenue, Suite 002, Providence RI 02905
 Membership gifts to BDPA-RI are tax-deductible to the extent permitted by law and are eligible for corporate matching gifts