



**MEMBERSHIP APPLICATION**

**Membership Dues for 2021**

**Please type or print:**

**Please Check:**

- New Member
- Renewal
- Address Change

**Date:** \_\_\_\_\_

First Name	Middle Name/Initial	Last Name	
Address	City	State	Zip code
Home Phone Number	Office Phone Number	Cell Phone	
E-mail Address	Website Page		
Affiliate (If Applicable)	Storytelling Name (If Applicable)		

**O Please do not list my contact information in the NABS Directory.**

**Check one:**

- \$60.00 Regular Membership
- \$30.00 Elder Membership (over 60)
- \$15.00 Youth Membership (Ages 6 to 21)
- \$100 Contributing Membership
- \$200 Organization Membership
- \$500 Silver Life Membership
- \$1,000 Gold Life Membership

**Additional tax-deductible donation** \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$75 \_\_\_ \$100 \_\_\_ Other \$ \_\_\_\_\_

**Make checks payable to NABS, Inc.**

**PAYMENT**

- Check
- American Express
- Money Order
- Master Charge
- VISA

**TOTAL DUE -** \_\_\_\_\_

**Card#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVV#** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_  
(Please print clearly in all capital letters.)

**Cardholder's Signature** \_\_\_\_\_

**Complete Form and Submit with Payment to:**

**NABS**  
Post Office Box **67722**  
Baltimore, Maryland 21215  
410 - 947 - 1117 (Fax)