



American Association of Bangladeshi Scholars and Professionals (AABSP)

2101 Vale St., Champaign, IL 61822, USA

MEMBERSHIP FORM

* Personal Details:			
Name:			
	First Name	Middle Name	Last Name
Address:			
	Street #; Apartment	City	State & Zip Code
Phone:			
	Home Phone	Cell Phone	Office Phone
Provide at least one phone Number			
Email:			
* Professional Details:			
	Title	Institution/Company & Location	
* Highest Academic Degree:			
	Name of the Degree	Earned from	
Family Information:			
Marital Status:			
	Married/Single	Spouse's Name	Spouse's Profession
Children:			
	1	2	3
Hobby/Special Interest:			
Which specific areas of AABSP activities you would like to get involved?	1		
	2		
	3		
	4		
Do you have any advice for the AABSP?			
What are your major expectations from the AABSP?			
* Annual Membership Dues:	\$50	You may write a check to: AABSP and mail with your application to the address above, or pay by PayPal.	
Please do not write in the section below. It's for OFFICIAL USE ONLY			
Approved	President/Authorized Officer	Date	Membership Number
Not Approved	President/Authorized Officer	Date	Reason(s)

*** Indicates a Required field**