



BLACK EDUCATORS' ALLIANCE OF MASSACHUSETTS

B.E.A.M. **Membership Form**

To join or renew your membership in B.E.A.M. for the next 12 months, please complete the information below and submit the Membership Form with your check for your membership dues.

Membership Information:

Name: _____

Address: _____

Telephone: _____

Work Location: _____

Email Address: _____

Type of Membership:

- | | |
|--|--|
| <input type="checkbox"/> Teacher (\$80.00) | <input type="checkbox"/> Administrator (\$80.00) |
| <input type="checkbox"/> Paraprofessional (\$35.00) | <input type="checkbox"/> Parent (\$35.00) |
| <input type="checkbox"/> Other (\$80.00) | <input type="checkbox"/> Retired Teacher/Administrator (\$40.00) |
| <input type="checkbox"/> High School/Undergraduate Student (\$20.00) | |

Committee Assignment:

- | | |
|---|---|
| <input type="checkbox"/> Administrator Caucus | <input type="checkbox"/> Educational Issues |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Teachers |

Make checks payable to: BEAM

Return Membership Renewal Forms to: BEAM
P.O Box 191014 • Boston, MA 02119

Thank you for your continuing support