

I want to join NAAAP Detroit!

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| Name: | | |
| Address: | | |
| E-Mail: | | |
| Telephone: | | |
| Employer: (Please include web site if available) | | |
| Job Title (Years Total Experience): | | |
| Self Employed? | YES | NO |
| Employer Industry: (Provide your best guess if unsure how to categorize) | | |
| Are You a Student? | YES | NO |
| If you are a student, what school? (Please include degree pursuing) | | |
| Amount Due: (\$50 per person) | | |
| Payment Method: | Please mail a check Payable to: NAAAP INC Memo: Detroit (please mail to the address indicated on this form) | |

Any thoughts you have on what you hope to achieve through NAAAP Detroit overall (optional)