

**I want to join NAAAP Detroit!**

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

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