University of Central Florida Black Faculty & Staff Association Membership Application 2013-2014					
Membership					A A A A A A A A A A A A A A A A A A A
□ New Membership □ Renewal Membership					517 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
Name		E-mail			
Name Department	B	Building	_Room	Phone	
Faculty	A&P	USPS	OPS		Other
Area(s) of Expertise:					
Indicate the time(s) that you would be available for BFSA meetings/activities:					
9:00 am - 11:00 am 12:00 pm - 2:00 pm 10:00 am - 12:00 pm 4:00 pm - 6:00 pm					
Indicate the day(s) that best f	it your schedule	e for attendin	g BFSA meeti	ngs/activi	ties:
MONTUES	WED	DTH	IURS	_FRI	SAT
I am interested in the following activities:					
☐ Movie Night ☐ Book Club ☐ Theatre ☐ Meeting for Lunch/Happy Hour /Dinner					
□ Other:			-	-	
Dues & Scholarship Donations - Dues are \$25.00 per academic year or \$12.50 per term. Please make check payable to UCF BFSA and note time period for which you are paying.					
Name		E-mail			
Fall 2013 & Spring 20 \$25.00		Fall 2013 \$12.50	-		g 2014 50
I would like to make a tax deductible gift to the following scholarship fund(s): Tee Collins Book Award First Generation Student Scholarship BFSA Foundation Scholarship Fund Please make this a separate check from your membership dues!					
Membership: Check #	Amount	Sc	holarship: Che	eck #	Amount
Please remit completed form and check(s) to: I would like to pay online via PayPal.com					
Mr. Eric Brewington, BFSA Treasurer Pay Now Online!					