

USF BLACK FACULTY AND STAFF ASSOCIATION (BFSA)

Membership Application

Applicant Information

Name:		
Mailing Address:		County:
City:	State:	ZIP Code:
Mobile Phone:	Alternate Phone:	
USF Email Address (if applicable):		
Personal Email Address:		

Business Information

Job Title:	USF Employee: Y or N
College/Department:	
Campus: <input type="checkbox"/> Tampa <input type="checkbox"/> St. Petersburg <input type="checkbox"/> Sarasota/Manatee <input type="checkbox"/> Community Member	
Campus Mail Stop:	Physical Campus Location:
Community Member Employer/Business Name:	

Talents (Select all applicable contributions)

<input type="checkbox"/> Administrative; Recordkeeping, Organizing	<input type="checkbox"/> Social Media; Posting, Blogging	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Communication & Marketing: Creating Flyers, Announcements	<input type="checkbox"/> Financial Services; Accounting	<input type="checkbox"/> Religious Affairs
<input type="checkbox"/> Websites: Edit & Design, SEO	<input type="checkbox"/> Networking; Community Relations	<input type="checkbox"/> Hospitality Services
<input type="checkbox"/> Youth Entrepreneurship; Mentoring	<input type="checkbox"/> Advocate for Veterans Affairs	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Photography	<input type="checkbox"/> Event Planning & Design	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Fluent in Languages other than English: Y or N	List:	
<input type="checkbox"/> Committee Leadership Experience: Y or N	Position(s) held:	
<input type="checkbox"/> Licensed Medical Professional: Y or N	Position(s):	

Signature

I agree to uphold the mission, purpose, and integrity of the Black Faculty and Staff Association (BFSA).

Signature of applicant:	Date:
(Official use only):	
Payment Type: _____ Amount: \$ _____	Date:
Receipt Number: # _____ BFSA Verification: _____	