

# BROTHER 2 BROTHER

SAVING LIVES SALVAGING DREAM

## Application for Membership

Name: (First) (Middle) (Last)

Address:

(City) (State) (Zip Code)

This is a... *(please check one)*

Phone #

Cell phone

Home phone

Primary #

Alternate #

Email Address:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you an International Student? Yes No

Ethnicity (please all that apply):

Black/ African-American

Latino/Hispanic

White/Caucasian

Asian/Pacific Islander

Other

Matriculation Date (yyyy/mm):

Major:

Professional Goal(s) or Career :

List leadership positions in school (for SAAB and campus-wide):

Who do you live with? (father, mother, relatives, friends, alone, etc.):

I am interested in the following SAAB committees (Rank order with #1 as 1<sup>st</sup> choice, etc.):

Academic

Financial Affairs

Membership/Public Relations

Spiritual Enrichment / Social

Service

Personal Development

I hereby make application for membership in the Student African American Brotherhood and I will abide by its mission, objectives, rules, and regulations.

(Signature)

(Date)

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I hereby authorize the [ \_\_\_\_\_ ] chapter of the] Student African American Brotherhood (SAAB) to collect and compile information about me in the SAAB data tracking system. The purpose of the data collection system is to help SAAB advisors review and monitor the performance (including academic) of SAAB members, and to support cross-chapter evaluation efforts of SAAB at the national level.

Data that will be collected for the SAAB data tracking system include background/demographic characteristics, enrollment status, academic data (GPA, credits earned, etc.), and SAAB activities/events participation. The only people who will have access to my name are my chapter advisor(s) and data system administrators. De-identified data (data without names and other confidential information attached) may be made available to the SAAB national office as well as to other research institutions (including the OMG Center for Collaborative Learning, a research organization conducting an evaluation of SAAB).

My signature below indicates that I agree to participate in the data collection for the duration of my enrollment at this institution. Furthermore, I understand that if I change my mind, I may write a letter to SAAB stating that I revoke my consent for the data collection, which will cease upon receipt of my letter.

(Printed Name)

(Signature)

(College/School Name)

\_\_\_\_\_  
(Date)