

# ABS MEMBERSHIP PARTICIPATION FORM

We encourage the recommendations and input from all the ABS membership related to the future direction of the organization. What specific activities and services would you like to see the organization provide?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Would you be willing to participate in any of the following committees?

- |  |   |
|--|---|
| <input type="checkbox"/> Program Cmte                  | <input type="checkbox"/> Membership Cmte      |
| <input type="checkbox"/> Nominations Cmte              | <input type="checkbox"/> Life Membership Cmte |
| <input type="checkbox"/> Publications Cmte             | <input type="checkbox"/> Social Policy Cmte   |
| <input type="checkbox"/> History/Archives Cmte         | <input type="checkbox"/> Awards Cmte          |
| <input type="checkbox"/> Research Cmte                 | <input type="checkbox"/> Fundraising Cmte     |
| <input type="checkbox"/> Professional Development Cmte | <input type="checkbox"/> Other _____          |

**NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

Please mail or fax this form —

**Long-Range Planning  
Association of Black Sociologists  
4200 Wisconsin Avenue NW, PMB 106-257  
Washington, D.C. 20016**

**781-723-6527 (FAX)**

Thanks!