

NCCBA Entrepreneur Club Enrollment Form

Member Information

Date: _____

Name: _____

Name of Firm, Business, or Organization: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Position in firm: (or official title) _____

Home Address:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Volunteer opportunities (Check all that you are interested)

- Program coordinator
- Membership services
- Editor
- Secretary
- Web design and construction

Areas of Expertise

Submission

Please email your filled form or submit your questions to program director Mr. Kemp Qiu at kempqiu@gmail.com with a title cleared market at "NCCBA entrepreneur club"

Please attach a copy of **your resume** with the enrollment form which will help us match you with relevant information and opportunities.