

# Collegiate Membership Application



## NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES (NOBLE)

**Name:** \_\_\_\_\_  
First Middle Last

**Classification:** (please circle) Freshman Sophomore Junior Senior

**Name of Institution:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Projected Graduation Date:** \_\_\_\_\_  
(dd/mm/yyyy) (mm/yyyy)

**PREFERRED Mailing Address:** School Address Home Address

**SCHOOL Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

**Telephone #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**HOME Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

**CELL#:** ( ) \_\_\_\_\_ **Home#:** ( ) \_\_\_\_\_

**EMAIL Address:** \_\_\_\_\_ **2<sup>nd</sup> Email Address:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_