



Washington Alliance of Black School Educators Membership Application

Name _____
Last First Middle initial Position

Address _____
Home Phone _____

City, State, Zip _____ Commission Choice _____

School Contact _____ School _____

Make checks payable to: **WABSE** Mail to: **WABSE Membership Desk - 7205-A Martin Way East, PMB #128 - Olympia, WA 98516**

Check: _____ Purchase Order Number _____

An affiliate of the National Alliance of Black School Educators (NABSE) – dues for each organization paid separately