



"Lifting As We Climb"

Corporate Participation Form

National Association of Black Accountants, Inc., Metropolitan Washington, DC Chapter

Fiscal Year of July 1, 2008 - June 30, 2009

To participate, complete the information below and return the form to NABA's DC Office.

(Please type or print)

COMPANY NAME

CONTACT NAME

TITLE

OFFICE

FAX

STREET ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

My company will become a NABA's Corporate Partner.

(Please check one level)

Diamond Level \$12,000

Gold Level \$5,000

Bronze Level \$2,500

Platinum Level \$6,000

Silver Level \$3,500

A la Carte Level \$ _____
please specify

3 Year Partnership Level
Discounted Yearly Rate

I hereby authorize the Metropolitan Washington, DC Chapter of the National Association of Black Accountants, Inc. (NABA) to bill my company for the total amount. I also understand that NABA payment terms are NET 30 days.

Payment is enclosed

Please forward an invoice for payment (Payment Terms-Net 30)

Authorized by:

Date

Title:

Signature

Return Form To: National Association of Black Accountants, Inc. • Metropolitan Washington, DC Chapter
P.O. Box 18602, Washington, DC 20036 • www.nabametrodc.org