

**POMONA ALLIANCE OF
BLACK SCHOOL EDUCATORS & FRIENDS
(PABSE)
MEMBERSHIP APPLICATION - 2020-2021**

Please print

Name: _____

Address: _____
Street

City State Zip

(____) _____ (____) _____ (____) _____
Day Phone Evening Cell

Email address: _____

Administrator _____ Teacher _____ Classified _____

Other: _____
(Indicate your title or Position in the District)

School Site: _____ Phone: _____

_____ Yes I want to get more involved with PABSE

_____ Not always available, but I can assist sometimes

_____ Yes, I can help PABSE with fund raising

What would you like to do for PABSE? _____

Make check payable to: Pomona Alliance of Black School Educators
501-3(c) # 3757821

Membership Fee: \$25.00

Payment method: _____ Check _____ Cash _____ Money Order

Please membership donation and application to
PABSE
Co/Debra Tharpe
1849 Yorba Drive
Pomona, CA 91768