



## Organization of Black Aerospace Professionals

### ACE Student Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ if under 18, Parent Name \_\_\_\_\_ and

Signature \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade Level/Graduation Year \_\_\_\_\_

ACE Academy Attended \_\_\_\_\_ Yes \_\_\_\_\_ No Location \_\_\_\_\_ Date \_\_\_\_\_

ACE Academy Attended \_\_\_\_\_ Yes \_\_\_\_\_ No Location \_\_\_\_\_ Date \_\_\_\_\_

ACE Academy Attended \_\_\_\_\_ Yes \_\_\_\_\_ No Location \_\_\_\_\_ Date \_\_\_\_\_

Planned Career Choice \_\_\_\_\_

Student Signature: \_\_\_\_\_

#### **Optional Database Information**

There is no requirement for you to complete this section; however, your responses will assist us as we determine eligibility for OBAP services.

Gender (Male/Female) \_\_\_\_\_ Year of Birth \_\_\_\_\_ Race/Ethnic Background \_\_\_\_\_

**\*Above information will appear on membership list unless you request otherwise.**

#### **Payment Information:**

\_\_\_ Show All Information \_\_\_ Show only Name and Address Information

Annual Dues: NONE

**If you are manually completing the application, mail to:**

**OBAP National Office  
One Westbrook Corporate Center  
Suite #300  
Westchester, IL 60154**