



**NATIONAL ASSOCIATION OF  
HBCU TITLE III ADMINISTRATORS, INC.**

EIN #38-3729346

**INVOICE**



**2017-18 INSTITUTIONAL MEMBERSHIP DUES**

Institutional Membership dues for the period beginning October 1, 2017 and ending September 30, 2018, are as follows:

\$250.....	1-3 members
\$425.....	4-6 members
\$600.....	7-9 members
\$775.....	10-13Members
\$950.....	14-16 Members

\*(Payment of institutional membership dues is allowable under the Title III Program).

- Make checks payable to: The National Association of HBCU Title III Administrators, Inc. EIN #38-3729346

Mail payments to:

Ronald E. Range  
 Director, Title III  
 Shelton State Community College  
 3401 ML King Jr. Blvd.  
 Tuscaloosa, AL 35401      rrange@sheltonstate.edu  
 Phone: 205.391.2644      Fax: 205.391.2613

NAME: \_\_\_\_\_

IF TITLE III ADMINISTRATOR, HOW LONG? \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_



# NATIONAL ASSOCIATION OF HBCU TITLE III ADMINISTRATORS, INC.

EIN #38-3729346

## INVOICE



### 2017-18 ASSOCIATE MEMBERSHIP DUES

Individual Membership dues for the period beginning October 1, 2017 and ending September 30, 2018, are \$75 (cost covers one (1) member). (Payment of individual membership dues is **not** allowable under the Title III Program).

*\*Individual Membership shall be open to any individual who has past affiliation with an HBCU institution or has been a partner or affiliated with an HBCU funding agency and wishes to support the National Association of HBCU Title III Administrators Association and is not currently employed full-time in any post-secondary institution, which is funded through the Title III Program or serves in a capacity supported by Title III funds (i.e., Title III Director, Activity Director, and Title III Administrator).*

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 Shelton State Community College  
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 Tuscaloosa, AL 35401      rrange@sheltonstate.edu  
 Phone: 205.391.2644      Fax: 205.391.2613

NAME \_\_\_\_\_

TITLE III AFFILIATION: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_