

**AACCABC**  
**The African American Cultural Center (AACC)**  
**Indiana University of Pennsylvania**  
**Website: [www.iup.edu/aacc](http://www.iup.edu/aacc)**  
**Association Boosters Club Membership Application 2006 - 2007**

Dear Student:

IUP African American Cultural Center provides a variety of educational, cultural, and social activities, serves as a facility for informal exchanges, and strives to foster growth, development, awareness, and sensitivity to differences as it focuses on preserving, fostering and promoting an understanding of the history, culture, and achievements of people of African descent. AACCABC is a component of the AACC that assists with obtaining information needed for contacting students and in helping to make sure that students are aware of office offerings. Please complete the following AACCABC membership application and return it to: IUP AACC, 1024 Washington St, Indiana, PA 15705. All information will be kept confidential and used for educational purposes only.

Banner I.D. No.: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**LOCAL CAMPUS ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PERMANENT HOME ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mobile/Pager# if any: \_\_\_\_\_

E-MAIL ADDRESS: IUP \_\_\_\_\_ PERSONAL \_\_\_\_\_

Major \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

IUP Entrance Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Date of Graduation \_\_\_\_/\_\_\_\_

Religion (please list) \_\_\_\_\_

**PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION**

Gender: 1. Male 2. Female  
Race/Ethnicity: 1. African 2. African American 3. Caucasian 4. Hispanic  
5. Native American/Alaska Native 6. Asian/Pacific Islander  
7. Multiracial 8. Other (please list) \_\_\_\_\_

Resident Type: 1. Rural 2. Urban 3. Suburban  
4. Other (please list) \_\_\_\_\_

Class: 1. Freshman 2. Sophomore 3. Junior 4. Senior 5. Graduate 6. Transfer

Are you interested in? 1. Receiving a Mentor 2. Becoming a Mentor

I give the IUP AACC permission to contact me and to obtain the data it deems necessary to provide me with the educational, cultural, and social programs and activities provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_