Minority Access, Inc.
Associate Enrollment Form

Please complete and return to Minority Access, Inc.
or Enroll on-line at www.minorityaccess.org

☐ Yes, we would like to enroll as a Premier Plus Minority Access Associate at $8,999 and receive the package of full services at extraordinary savings outlined in this brochure, including the free trip for two to Minority Access' International Delegation plus two free full registrations for Minority Access' National Role Models Conference.

☐ Yes, we would like to enroll as a Premier Minority Access Associate at $5,999 and receive the package of full services at extraordinary savings outlined in this brochure, including the free trip in Minority Access' International Delegation and two free full registrations for Minority Access' National Role Models Conference.

☐ Yes, we would like to enroll as an Elite Minority Access Associate at $2,499 and receive the package of services outlined in this brochure, including two free full registrations Minority Access' National Role Models Conference.

☐ Yes, we would like to enroll as a Standard Minority Access Associate at $1,599 and receive the package of services outlined in this brochure, including one free full registration Minority Access' National Role Models Conference.

☐ Yes, I would like to demonstrate my commitment to achieving Minority Access' goals by enrolling as an Individual Minority Access Associate at $99. I understand my contribution is fully tax deductible.

Associate Program Participant: o New Subscriber o Renewal

Please indicate name of institution or department/school therein or individual to receive Associate package benefits :

ASSOCIATE SUBSCRIBER: _____
Institution

_____
Department or School (if applicable)

_____
Name (Contact Person)

_____
Title

_____
Address

_____
City, State, Zip Code

_____
Email address Telephone Fax

PAYMENT OPTIONS

Check: I have enclosed a check in the following amount: $_____
Purchase Order: I have enclosed a purchase order in the following amount: $_____
Credit Card: I authorize Minority Access, Inc. to charge the credit card in the following amount: $_____

Type of Card Visa MC AMEX Credit Card No._____ Exp._____

Print Name as it appears on the Card_____

Signature:_____ Date:_____