

Brother 2 Brother Chapter of SAAB Application

Application for Membership

Name: _____
(First) (Middle) (Last)

Address: _____

(City) (State) (Zip Code)

Phone # Cell phone Home phone
Primary #: _____

GSC Email Address: _____ Date of Birth: ____/____/____

Are you an International Student? Yes No

Ethnicity (please all that apply):
____ Black/African-American ____ Latino/Hispanic ____ White/Caucasian
____ Asian/Pacific Islander ____ Other: _____

Graduation Date (yyyy/mm): _____ Major: _____ Classification: _____

Professional Goal(s) or Career Interest: _____

List leadership positions in school (for SAAB and campus-wide):

Who do you live with? (father, mother, relatives, friends, alone, etc.): _____

I am interested in the following SAAB committees (Rank order with #1 as 1st choice, etc.):
____ Academic ____ Financial Affairs ____ Membership/Public Relations
____ Spiritual Enrichment / Social ____ Service ____ Personal Development

I hereby make application for membership in the Student African American Brotherhood and I will abide by its mission, objectives, rules, and regulations.

(Signature)

(Date)

Brother 2 Brother

Chapter of SAAB Consent Form

I hereby authorize the [_____ chapter of the] Student African American Brotherhood (SAAB) to collect and compile information about me in the SAAB data tracking system. The purpose of the data collection system is to help SAAB advisors review and monitor the performance (including academic) of SAAB members, and to support cross-chapter evaluation efforts of SAAB at the national level.

Data that will be collected for the SAAB data tracking system include background/demographic characteristics, enrollment status, academic data (GPA, credits earned, etc.), and SAAB activities/events participation. The only people who will have access to my name are my chapter advisor(s) and data system administrators. De-identified data (data without names and other confidential information attached) may be made available to the SAAB national office as well as to other research institutions (including the OMG Center for Collaborative Learning, a research organization conducting an evaluation of SAAB).

My signature below indicates that I agree to participate in the data collection for the duration of my enrollment at this institution. Furthermore, I understand that if I change my mind, I may write a letter to SAAB stating that I revoke my consent for the data collection, which will cease upon receipt of my letter.

(Printed Name)

(Signature)

(College/School Name)

(Date)