

Form B (PLEASE TYPE)

NBGSA AFFILIATE PETITION

We, the undersigned members of the _____ (*full name of organization*) at the _____ (*name of academic institution*), hereby petition to become a recognized affiliate chapter of the *National Black Graduate Student Association, Inc.*

****Please provide the below listed information and signatures for at least 5 of your organization's members.****

FIRST & LAST NAME	POSITION (E.G. PRESIDENT, SECRETARY, ETC.)	GRADUATE OR PROFESSIONAL STUDENT?	E-MAIL ADDRESS	SIGNATURE

Letter of Confirmation of Status

It is my understanding that the _____
(*name of organization*) at _____
(*name of academic institution*) is seeking affiliate status with the National Black Graduate Student Association. My signature serves as confirmation of this organization's status as a student organization for Black graduate students at the _____ (*name of academic institution*).

Official Representative of Graduate School or Student Affairs office (*Equivalent departments accepted upon approval of NBGSA Executive Committee*).

Name (please type) _____

Signature _____

Date _____

Liability Release Form

I, _____ (*printed name of President*), President of the _____ (*name of organization*), agree to release the **National Black Graduate Student Association, Inc.** of any and all legal liabilities in the event that legal action is brought against the _____ (*name of organization*), on the campus of _____ (*name of academic institution*), for any damages, acts of negligence, and/or intentional or unintentional torts while acting as an official affiliate of the **National Black Graduate Student Association, Inc.**

Signature of President

Date

For Internal use only:

Date received:

Approval Date:

Signature of Vice President for Administration for Membership

Signature of Vice President for Administration