

# CBFA Membership Form

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

TITLE: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

UNIVERSITY PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ISSUES OF CONCERN WHICH SHOULD  
BE ADDRESSED BY THE COALITION:

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Please complete the form above and send the form along with your membership dues of \$20 (checks made payable to CBFA) to:

Ollie Tolliver, Membership Coordinator  
Upward Bound Program  
111 Academic Skills Center, 683-4315

For more information, call Ollie Tolliver at 683-4315 or visit us on the Web at:

**[orgs.odu.edu/cbfa](http://orgs.odu.edu/cbfa)**