



# Collegiate Membership Application

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES (NOBLE)

Name: \_\_\_\_\_  
First Middle Last

Name of Institution: \_\_\_\_\_ Classification: \_\_\_\_\_

Major: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_  
(mm/yyyy)

PREFERRED Mailing Address: School Address ( ) Home Address ( )

SCHOOL Address: \_\_\_\_\_

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

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

HOME Address: \_\_\_\_\_

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

CELL#: ( ) \_\_\_\_\_ Home#: ( ) \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ 2<sup>nd</sup> Email Address: \_\_\_\_\_

**(REQUIRED)**

Are you interested in the Mentoring Program: Yes ( ) No ( )

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

Chapter President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_

*"Mentoring is a brain to pick, an ear to listen, and a push in the right direction." By John C. Crosby*