



Membership Application

Date: _____

Membership Fiscal Year: _____

Name: _____

(Please print clearly)

Division: _____ Building: _____ Extension: _____

Email: _____

- Membership Renewal \$12.00/annual
- New Membership Dues: \$12.00/annual

Please make check payable to AABC.

The above named individual is submitting an application for membership to the African American Black Club.

Membership to the African American Black Club is open to all employees and retirees of Argonne National Laboratory, the US Department of Energy, the UChicago Argonne LLC, Argonne Credit Union, and all persons associated with/or assigned to the work of the laboratory.

The Executive Committee will not engage in illegal discrimination.

Each member shall receive a copy of the AABC club by laws.