How To: Register for NSBE Membership

1. Open a new Internet browser and log on to http://national.nsbe.org/, then click "Register".



2. Under the "New to NSBE Online?" section, fill in your first name, last name, e-mail address, and zip code (Please make sure you enter the information in correctly). Then, click "Continue".

| If you are new to this site before, Continue. | o this system or not sure i enter your information bek | f you've used ow and click | If you've already b forgotten your pas | een to this site, log in belo sword, please click <u>here</u> t | w. If you've to retrieve it. |
|---|---|-------------------------------|---|--|---------------------------------|
| First Name: | John | * | Email: | | * |
| Last Name: | Doe | * | Password: | | * |
| Email: | jdoe1@savstate.edu | * | | | |
| Postal Code: | 31404 | * | | | |
| | | Continue | | | Continue |

3. Fill in ALL REQUIRED information, then click "Continue".

| Personal Info | rmation | | |
|--|-------------------------|---|-------|
| * - Required fie | elds indicated l | asterisk. | |
| | Title | Mr. 💌 | |
| | First Name | John | |
| | Middle Name | | |
| | Last Name | Doe | |
| | Suffix | _ | |
| | E-Mail Address | jdoe1@savstate.edu | |
| A | | | |
| Account Sec | | | |
| Please enter | the password | at you can use to log back into NSBE Online . | |
| Password: | ••••• | Confirm Password: | ••••• |
| | | | |
| | | | |
| Contact Infor | mation | | |
| Contact Infor | mation | P.O. Box 00000 * | |
| Contact Infor | mation | P.O. Box 00000 * | |
| Contact Infor Line 1 : Line2: | mation | P.O. Box 00000 * Savannah State University | |
| Contact Infor Line 1 : Line2: City: | mation | P.O. Box 00000 * Savannah State University Savannah 👻 | |
| Contact Infor Line 1 : Line2: City: State: | mation | P.O. Box 00000 ★ Savannah State University Savannah ▼ Seorgia | |
| Contact Infor Line 1 : Line2: City: State: Zip/Postal Coo | mation | P.O. Box 00000 * Savannah State University Savannah • Georgia 81404 | |
| Contact Infor Line 1 : Line2: City: State: Zip/Postal Coo Country: | mation | P.O. Box 00000 * Savannah State University Savannah • Georgia 31404 Julited States | |
| Contact Infor Line 1 : Line2: City: State: Zip/Postal Coo Country: Phone Inform | mation Je: Nation | P.O. Box 00000 ★ Savannah State University Savannah Georgia S1404 Jnited States | |
| Contact Infor Line 1 : Line2: City: State: Zip/Postal Coo Country: Phone Inform Preferred Ty | mation Je: Iation | P.O. Box 00000 * Savannah State University Savannah Georgia B1404 Jnited States Number | |

4. Click the "Collegiate Member" option: Collegiate – 1 Year. Then click "Continue".

| Collegiate Member | \$1 | 10.00 |
|--|---|----------------------------------|
| Members can register as collegiate members if the or graduate institution. | ey are enrolled in an accredited undergrad | duate |
| Affiliate membership applies to collegiate, alumni, are individuals who are neither enrolled in nor grad program at an accredited undergraduate or grad same rights as NSBE student and alumni men position on the regional and national level, includin | and lifetime memberships. Affiliate mem duated from an engineering or applied sci duate institution. These individuals hav nbers, except the ability to hold a leade ng committees. | nbers ience e the rship |
| Affiliate designation is granted per the information not have to select affiliate membership as a memb | n entered in your membership profile. Yo | ou do |
| | pership type. | |
| | vership type. Which package would you | like? |
| | ership type. <u>Which package would you</u> © Collegiate - 1 Year \$1 | like? |

5. Fill in ALL REQUIRED information, then click "Continue". Make sure you choose "Savannah State University" as your chapter. THIS SECTION IS VERY IMPORTANT; PLEASE FILL IN ALL INFORMATION CORRECTLY.

| Select Membership Type | Enter Membership Info Con | firm Membership Info |
|--|---------------------------|--|
| Mr. John Doe P.O. Box 00000 Savannah State Universit Savannah, GA 31404 Uni Work: (912) 555-5555 jdoe1@savstate.edu | / ied States | Member Type: Collegiate Rate: \$10.00 |
| Membership Information | | |
| Chapter : <u>(help me locate)</u> | SAVANNAH STATE UNIVERSITY | |
| Chapter : (help me locate) Of which country are you a UNITED STATES AFGHANISTAN ALBANIA ALGERIA AMERICAN SAMOA ANDORRA ANGOLA ANGUILLA ANTARCTICA ANTIGUA AND BARBUDA | SAVANNAH STATE UNIVERSITY | |
| Chapter : (help me locate) Of which country are you a UNITED STATES AFGHANISTAN ALBANIA ALBANIA ALGERIA AMERICAN SAMOA ANDORRA ANGUILA ANTARCTICA ANTIGUA AND BARBUDA What is your gender? | SAVANNAH STATE UNIVERSITY | Male • |

6. Make sure all of your information is correct. Then, select your payment option. If you would like the Treasurer to pay your membership dues for you, after you have paid your dues in full, click the "Pay Later" option. If you would like to pay your membership dues yourself, feel free to do so. Then click "Continue". **REMEMBER, YOU HAVE TO PAY CHAPTER DUES AS WELL.**

| Order Detail | |
|---|--|
| Qty Qty 1 Collegiate - 1 Year 1 Region III Dues: Collegiate - 1 Year | Unit Price Qty \$10.00 \$10.00 \$3.00 \$3.00 Total \$13.00 |
| Payment Options | |
| How would you like to make your payment? | Credit Card Information |
| Oredit Card 300 and 100 and | Name on Card: * |
| Pay Later/Chapter Payment | Card Number: * |
| | Expiration: / mm/yyyy |
| | Billing Zip Code: * |
| | |