



Name: _____

Title: _____

Affiliation: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Would you like to volunteer as a member of the leadership team?: Yes No

I would like to volunteer for: _____

Complete the above form and return along with a check for \$100 (\$50 for full-time students) made payable to: ***Critical Race Studies in Education Association***

Mail to:

Dr. Marvin Lynn
Critical Race Studies in Education Association
Department of Curriculum & Instruction (MC 147)
1040 W. Harrison St. (Room 3252)
Chicago, IL 60607