Application for AACRAO Affiliate Membership

www.aacrao.org

Affiliate institutional membership in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) is open to state-licensed postsecondary institutions that are ineligible for regular voting institutional membership. Affiliate memberships are nonvoting.

STEP 1: Institutional Information

❒ **YES! We are ready to join AACRAO!**

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____ Country: _____

Website: _____

Main Contact Person: _____

Institution Type ***(check only one)***

❒ 2 years (lower division only)
❒ 4+ years (undergraduate, graduate and/or professional)
❒ 4 years (undergraduate)
❒ 1+ years (graduate and/or professional)
❒ Other: _____

Institution Control ***(check only one)***

❒ Public
❒ Private, Proprietary
❒ Private, Nonprofit

Accreditation: _____

IPEDS ID: _____

AACRAO now offers the option of assigning one person from your institution to be the billing contact, at no additional charge to your institution. To set this up, please contact us by phone or e-mail.

Step 2: Dues Assessment

Total Enrollment	Allotted Members	Membership Fee
Under 1,000	2	$ 406
1,000 – 2,499	3	$ 609
2,500 – 4,999	4	$ 812
5,000 – 9,999	5	$ 1,015
10,000 – 19,999	6	$ 1,218
20,000 +	7	$ 1,421
Each additional member		$ 203

For purposes of AACRAO membership, total enrollment is defined as full-time enrollment plus 1/3 of part-time enrollment.

Full-time Enrollment: _____
Part-time Enrollment: _____
Total (Full-time + 1/3 Part-time) Enrollment: _____

I understand that we are allotted a minimum of _____ members. I would like to add _____ additional memberships.

Membership Dues

Our Membership Fee (based on total enrollment): $ _____
Fee for Additional Member(s) @ $203 each: $ _____
Total Charge for Membership: $ _____

AACRAO's membership year runs July 1st through June 30th. New applications received after January 1st will be prorated at 50 percent off the annual amount.

QUESTIONS? Call **202.355.1040** or e-mail **membership@aacrao.org**

Source Code: _____

please complete both sides of application ☛

STEP 3: Membership Roster

Please complete the following information for the primary contact person and each member.
Make additional copies if more than two members.

AACRAO Member ❒ Primary Contact?

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

In what areas do you work? ***(check all that apply)***

❒ Academic Advising
❒ Admissions
❒ Computer/Information Services
❒ Enrollment Management Services
❒ Financial Aid
❒ International Admissions
❒ Institutional Research
❒ Records and Registration
❒ Student Affairs
❒ Transfer and Articulation
❒ Other Position: _____

Gender: ❒ **M** ❒ **F**

Race: ***(optional)***

❒ African-American/Black, non-Hispanic
❒ American Indian or Alaska Native
❒ Asian or Pacific Islander
❒ Hispanic/Latino/Latina
❒ White, non-Hispanic
❒ Prefer not to specify
❒ Other: _____

Age Group:

❒ 25 and under
❒ 26 – 35
❒ 36 – 45
❒ 46 – 55
❒ 56 – 65
❒ 66 – 75
❒ 76+

AACRAO Member

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

In what areas do you work? ***(check all that apply)***

❒ Academic Advising
❒ Admissions
❒ Computer/Information Services
❒ Enrollment Management Services
❒ Financial Aid
❒ International Admissions
❒ Institutional Research
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❒ 56 – 65
❒ 66 – 75
❒ 76+

STEP 4: Submit Your Application

Payment Information:

❒ Check Enclosed Check Number: _____

❒ Credit Card ❒ VISA ❒ MasterCard ❒ AMEX **Total Charge:** $ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____
(not valid without signature below)

Cardholder's Signature: _____
I authorize AACRAO to charge my account for AACRAO membership fees.

Send payment and application to:
AACRAO I • PO Box 37097 • Baltimore, MD 21297-3097
Or fax application with credit card information to 202.872.8857

For Office Use Only: Batch: _____ Date: _____ Input: _____ FED I.D. #52-227-4900