

Application for AACRAO Organizational Partnership



www.aacrao.org

Organizational partnerships in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) are available to public sector and private non-profit associations whose interests are closely aligned to AACRAO. State higher education coordinating boards, other higher education associations, accrediting bodies and international ministries of education all fit under this partnership category.

STEP 1: Organization Information

YES! We are ready to join AACRAO!

Name of Organization: _____

Address: _____

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

Website: _____

Contact Person: _____

Step 2: Determining Partnership Dues

Each entity may designate one key representative to receive all mailings. Additional subscriptions may be purchased at \$203 per subscriber.

Partnership Dues

Annual Fee—\$580: \$ _____

Fee for Additional Subscriptions (@ \$203 each): \$ _____

Total Charge for Partnership: \$ _____

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 subscriber.

Make additional copies if more than two subscribers.

AACRAO Organizational Partner

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)

Gender: M F

- 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: _____

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 Organizational Partner

Name: _____ Title: _____

Address: _____

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

Phone: _____ Fax: _____

E-mail: _____

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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