

# Application for AACRAO Institutional Membership



www.aacrao.org

Institutional membership in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) is open to postsecondary degree-granting institutions accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA). Membership fees are based on institutional enrollment.

## 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 Unit 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
<b>Each additional member</b>		<b>\$ 203</b>

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 1<sup>st</sup> through June 30<sup>th</sup>. New applications received after January 1<sup>st</sup> will be prorated at 50 percent off the annual amount.

**QUESTIONS? Call 202.355.1040 or e-mail [membership@aacrao.org](mailto: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)

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 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)

Gender:  M  F

- Academic Advising
- Admissions
- Computer/Information Services
- Enrollment Management Services
- Financial Aid
- International Admissions
- Institutional Research
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- Other Position: \_\_\_\_\_

Race: (optional)

- African-American/Black, non-Hispanic
- American Indian or Alaska Native
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- Other: \_\_\_\_\_

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- 66 – 75
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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