



AACRAO Affiliate Membership

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 membership. Affiliate memberships are non-voting. Membership fees are based on total institutional expenditure.

Institutional Information

Institution:			
Address:			
City:	State:	ZIP:	Country:
Website:			
Institution Type <i>(check only one)</i> <input type="checkbox"/> 2 years <i>(lower division only)</i> <input type="checkbox"/> 4+ years <i>(undergraduate, graduate and/or professional)</i> <input type="checkbox"/> 4 years <i>(undergraduate)</i> <input type="checkbox"/> 1+ years <i>(graduate and/or professional)</i> <input type="checkbox"/> Other: _____		Institution Control <i>(check only one)</i> <input type="checkbox"/> Public <input type="checkbox"/> Private, Nonprofit <input type="checkbox"/> Private, Proprietary	
Accreditation:			
IPEDS Unit ID:			

Dues Assessment

Your AACRAO membership dues are based on total institutional expenditure in U.S. dollars. The below charts show the pricing at each dues level. This dues assessment allows an unlimited number of members at your institution to join the member roster.

Total Institutional Expenses	Dues	Small Colleges* Total Expenses	Dues
Over \$3,000,000,000	\$7,000	Over \$100 Million	\$1,300
\$2,000,000,000 to \$2,999,999,999	\$6,000	\$50,000,000 to \$99,999,999	\$1,100
\$1,500,000,000 to \$1,999,999,999	\$5,000	\$25,000,000 to \$49,999,999	\$900
\$1,000,000,000 to \$1,499,999,999	\$4,000	Under \$25,000,000	\$700
\$700,000,000 to \$999,999,999	\$3,300	<div>My Total Institutional Expenditure: _____</div> <div>Small College? <input type="checkbox"/> Yes, we are a small college <input type="checkbox"/> No, we are <u>not</u> a small college</div> <div>*Small Colleges = Under 2,000 enrolled students for a 2-year institution or under 3,000 enrolled students for a 4-year institution</div> <div>AACRAO's membership year runs from July 1st through June 30th. New applications received after January 1st will be prorated at 50% off the annual amount.</div>	
\$500,000,000 to \$699,999,999	\$2,800		
\$300,000,000 to \$499,999,999	\$2,300		
\$200,000,000 to \$299,999,999	\$1,800		
\$100,000,000 to \$199,999,999	\$1,500		
\$50,000,000 to \$99,999,999	\$1,300		
\$25,000,000 to \$49,999,999	\$1,100		
\$10,000,000 to \$24,999,999 Under	\$900		
Under \$10,000,000	\$700		

Questions? Call (202) 355-1040 or email membership@aacrao.org

Primary Contact

Name:		Title:	
Address:			
City:	State:	ZIP:	Country:
Phone:		Fax:	
Email:			
Gender (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other: _____ Pronouns (optional) <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____	Age Group (optional) <input type="checkbox"/> Under 25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66-75 <input type="checkbox"/> 76+	Ethnicity (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (optional) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____	
Areas of Responsibility (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Academic Advising <input type="checkbox"/> Admissions <input type="checkbox"/> Curriculum Management <input type="checkbox"/> Enrollment Management <input type="checkbox"/> Financial Aid <input type="checkbox"/> International Admissions <input type="checkbox"/> International Credential Evaluation </div> <div style="width: 50%;"> <input type="checkbox"/> Institutional Research <input type="checkbox"/> Records and Registration <input type="checkbox"/> Student Affairs <input type="checkbox"/> Technology and Information Systems <input type="checkbox"/> Transfer and Articulation <input type="checkbox"/> Veteran Services <input type="checkbox"/> Other Position: _____ </div> </div>			

Payment Information

<input type="checkbox"/> Check Enclosed		Check Number:	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Total Charge: \$	
Card Number:			
Name:		CVV:	Exp. Date:
Billing ZIP:		Signature:	
<p>Send payment and form to:</p> <p>AACRAO • PO Box 37097 • Baltimore, MD 21297-3097</p> <p>or fax with credit card information to (202) 872-8857</p>			