System Office Membership in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) is available to centralized offices within postsecondary higher education systems. This membership applies exclusively to staff at offices serving an entire system and is not available to staff at individual institutions within that system. System Offices hold voting member status.

## **Office Information**

System Office Name:								
University/College System:								
Address:	SS:							
City: State:		ZIP:	Coun	itry:				
Website:			IPEDS Unit ID:					
Primary Contact								
Name:		Title:						
Address:								
City:	State:	ZIP:		Country:				
Phone:		Fax:						
Email:								
Gender (optional)  Female  Male  Non-binary  Other:  Pronouns (optional)  She/Her/Hers  He/Him/His  They/Them/Theirs  Other:	<b>Age Group</b> (optional)  ☐ 25 and under  ☐ 26 - 35  ☐ 36 - 45  ☐ 46 - 55  ☐ 56 - 65  ☐ 66 - 75  ☐ 76+	Ethnicity (optional)  Hispanic or Latino  Not Hispanic or Latino  Race (optional)  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Other:						
Areas of Responsibility (select all that apply)  Academic Advising Admissions Curriculum Management Enrollment Management Financial Aid International Admissions International Credential Evaluation		☐ Institutional Research ☐ Records and Registration ☐ Student Affairs ☐ Technology and Information Systems ☐ Transfer and Articulation ☐ Veteran Services ☐ Other Position:						

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

## **Dues Assessment**

System Office Membership is priced at a flat rate of **\$1,000**.

This dues assessment allows an unlimited number of members at your institution to join the member roster.

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.

## **Payment Information**

☐ Check Enclosed		Check Number:				
☐ Credit Card	□ Visa □	MasterCard		Total Charge: \$		
Card Number:						
Name:			cvv:	Exp. Date:		
Billing ZIP:		Signature:				
		Send paymen • PO Box 37097 • with credit card infor	•			