



www.aacrao.org

Application for 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 institutional enrollment.

Step 1: Institutional Information

YES! We are ready to join AACRAO!

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Website: _____

Main Contact: _____

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: _____

IPEDES Unit ID: _____

Step 2: Dues Assessment

Total Enrollment	Allotted Members	Membership Fee
Under 1,000	2	\$ 568
1,000 – 2,499	3	\$ 852
2,500 – 4,999	4	\$ 1,136
5,000 – 9,999	5	\$ 1,420
10,000 – 19,999	6	\$ 1,704
20,000 +	7	\$ 1,988
Each additional member		\$ 284

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) @ \$284 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 email 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: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

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 Non-binary Prefer not to specify

Other: _____

Race: (optional)

- African-American/Black
- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic/Latino/Latina
- White
- 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: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

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 Non-binary Prefer not to specify

Other: _____

Race: (optional)

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

Age Group:

- 25 and under
- 26 – 35
- 36 – 45
- 46 – 55
- 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: _____

Cardholder's Signature: _____

I authorize AACRAO to charge my account for AACRAO membership fees (not valid without signature).

Send payment and application to:

**AACRAO • PO Box 37097 • Baltimore, MD 21297-3097
or fax application with credit card information to 202.872.8857**