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.

www.aacrao.org

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: _____

IPEDS Unit ID: _____

Step 2: Dues Assessment

Total Enrollment	Allotted Members	Membership Fee
Under 1,000	2	$ 604
1,000 – 2,499	3	$ 906
2,500 – 4,999	4	$ 1,208
5,000 – 9,999	5	$ 1,510
10,000 – 19,999	6	$ 1,812
20,000 +	7	$ 2,114
Each additional member		$ 302

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) @ $302 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)*   **Gender:** ❒ M ❒ F ❒ Non-binary ❒ Prefer not to specify

❒ Academic Advising   ❒ Other: _____   **Age Group:**
❒ Admissions   **Race:** *(optional)*
❒ Computer/Information Services   ❒ African-American/Black   ❒ 25 and under
❒ Enrollment Management Services   ❒ American Indian or Alaska Native   ❒ 26 – 35
❒ Financial Aid   ❒ Asian or Pacific Islander   ❒ 36 – 45
❒ International Admissions   ❒ Hispanic/Latino/Latina   ❒ 46 – 55
❒ Institutional Research   ❒ White   ❒ 56 – 65
❒ Records and Registration   ❒ Prefer not to specify   ❒ 66 – 75
❒ Student Affairs   ❒ Other: _____   ❒ 76+
❒ Transfer and Articulation
❒ Other Position: _____

AACRAO Member

Name: _____   Title: _____

Address: _____

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

Phone: _____   Fax: _____

Email: _____

In what areas do you work? *(check all that apply)*   **Gender:** ❒ M ❒ F ❒ Non-binary ❒ Prefer not to specify

❒ Academic Advising   ❒ Other: _____   **Age Group:**
❒ Admissions   **Race:** *(optional)*
❒ Computer/Information Services   ❒ African-American/Black   ❒ 25 and under
❒ Enrollment Management Services   ❒ American Indian or Alaska Native   ❒ 26 – 35
❒ Financial Aid   ❒ Asian or Pacific Islander   ❒ 36 – 45
❒ International Admissions   ❒ Hispanic/Latino/Latina   ❒ 46 – 55
❒ Institutional Research   ❒ White   ❒ 56 – 65
❒ Records and Registration   ❒ Prefer not to specify   ❒ 66 – 75
❒ Student Affairs   ❒ Other: _____   ❒ 76+
❒ Transfer and Articulation
❒ Other Position: _____

Step 4: Submit Your Application

Payment Information:

❒ Check Enclosed   Check Number: _____

❒ Credit Card   ❒ VISA   ❒ MasterCard   ❒ AMEX   Total Charge: $ _____

Name on Card: _____

Card Number: _____   CVV: _____   Expiration Date: _____

Billing Zip Code: _____   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