



www.aacrao.org

# Application for AACRAO Institutional Membership

Institutional membership in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) is open to postsecondary degree-granting institutions approved by the US Department of Education. International membership is open to institutions outside the United States recognized by the Ministry of Education or equivalent governing body of their country and authorized to grant degrees. 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 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 email [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: \_\_\_\_\_ 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
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- 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: \_\_\_\_\_ 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**