



www.aacrao.org

# Application for AACRAO Organizational Partnership

Organizational partnerships in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) are available to public sector and private non-profit associations whose interests are closely aligned to AACRAO. State higher education coordinating boards, other higher education associations, accrediting bodies and international ministries of education all fit under this partnership category.

## Step 1: Organizational Information

**YES! We are ready to join AACRAO!**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_

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: Determining Partnership Dues

Each entity may designate one key representative to receive all mailings. Additional subscriptions may be purchased at \$302 per subscriber.

### Partnership Dues

Annual Fee—\$710: \$ \_\_\_\_\_

Fee for Additional Subscriptions (\$302 each): \$ \_\_\_\_\_

Total Charge for Partnership: \$ \_\_\_\_\_

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)**

## Step 3: Membership Roster

Please complete the following information for the primary contact person and each subscriber. Make additional copies if more than two subscribers.

### AACRAO Organizational Partner

**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 say

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 Organizational Partner

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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## 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**