Change of Address/Data Correction Form
American Association of Collegiate Registrars and Admissions Officers

It is our commitment to provide accurate and up-to-date membership information, but we need your help. Please update your membership information whenever it changes. Use this form to make changes or corrections to your data, to delete someone from your membership roster, or to replace a member.

Membership Information
Name of Institution: ___________________________________________________________________________________
Address: _____________________________________________________________________________________________
City: _________________________________ State: _______ Zip or Postal Code: _________ Country: _______________
Web site: __________________________________________________________________________________________
Main Contact Person: _________________________________________________________________________________
Update Information For: ________________________________________________________________________________
Replace: ____________________________________________________________________________________________ (name of member to be deleted) with ___________________________________________________________________________________________ (name of person to be added—please fill out the entire form)

Update Membership Roster (Submit one for each person. Make additional copies as necessary.)
Name: _____________________________________________ Title: ____________________________________________
Address: _____________________________________________________________________________________________
City: _________________________________ State: _______ Zip or Postal Code: _________ Country: _______________
Phone: ________________ Fax: ________________ E-mail: ____________________________

In what areas do you work? (check all that apply) Gender: □ M □ F
□ 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: __________________________________________________________

Race: (optional) Age Group: □ 25 and under □ 26 – 35
□ 36 – 45 □ 46 – 55 □ 56 – 65
□ 66 – 75 □ 76 +

Submit Your Correction
Mail to: AACRAO—Membership, One Dupont Circle, NW, Suite 520, Washington, D.C. 20036 OR
Fax to: (202) 872-8857

Questions?
Call: (202) 293-9161 OR
E-mail: membership@aacrao.org

SOURCE CODE: ___________ FOR OFFICE USE ONLY: ___________________________ DATE: ____________ INPUT: ________________