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)

☐ 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

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+

Submit Your Correction

Mail to: AACRAO—Membership, 1108 16th St., NW, Suite 400, 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: ___________