

Application for Institutional Membership

1. CHECK MEMBER TYPE

Applications must be approved to assure eligibility criteria are met. Check only one box unless otherwise indicated.

Educational Institutions, Systems and Districts Eligible for Voting Membership

- Postsecondary: Two- and four-year colleges, universities and other postsecondary institutions must be:
- Not-for-profit Degree-granting Accredited
- Two-Year Four-Year Public Private
- Primary and secondary schools
- Public Private Parochial
- School Districts and University Systems: Not-for-profit primary and secondary school districts and college and university systems
- One campus/school receives a complimentary membership.
 - Additional campuses/schools join at reduced rate.
- Educational Institutions Eligible Non Voting Membership
- Degree-awarding two- and four-year, not-for-profit colleges, universities and other post-secondary institutions that are active candidates for accreditation.

2. FOR ALL APPLICANTS

Institution or School District/University System: _____

Address _____

City _____ State _____ Zip _____

Principal Representative whose professional responsibilities include providing services and/or products to the college admission or financial aid profession:

First Name _____ Last Name _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____ Fax _____

NACAC members are dedicated to serving students as they explore options and make choices about pursuing postsecondary education. NACAC is committed to maintaining high standards which foster ethical and social responsibility among those involved in the transition process. The signature of the principal representative below indicates that the applicant institution supports the purposes of NACAC and complies with the Statements and Principles of Good Practice (www.nacacnet.org/AboutNACAC/Polices).

Signature of Principal Representative _____

2A. FOR INSTITUTIONS, indicate additional individuals from the institution whose professional activities consist primarily of counseling, admission or financial aid services who are joining. *Note: Membership dues for additional individuals is \$60 annually.*

First Name _____ Last Name _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____

First Name _____ Last Name _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____

First Name _____ Last Name _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____

***Ethnicity and Gender Identification codes are optional.**

A – Asian American	AA – African American	C – Caucasian
H – Hispanic or Latino American	MR – Multiracial	
NA – Native American or Alaskan Native	PA – Pacific Islander	O – Other
M – Male	F – Female	

2B. FOR SCHOOL DISTRICTS/UNIVERSITY SYSTEMS

School/Campus to receive complimentary membership: _____

Address _____

City _____ State _____ Zip _____

Principal Representative*

First Name _____ Last Name _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____ Fax _____

Indicate additional schools or campuses that will be joining and their principal representatives:

School Address _____

City _____ State _____ Zip _____

Principal Representative _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____ Fax _____

School Address _____

City _____ State _____ Zip _____

Principal Representative _____

Title _____

Email _____

*Ethnicity _____ *Gender _____ Phone _____ Fax _____

3. DUES (Dues expire December 31 of the current year for applications approved January through September. Applications approved from October to December will expire December 31 of the following year.)

Secondary or Primary School	\$160
Postsecondary School (college/university)	\$285
Individuals @ \$60 x ____ =	\$ ____
School Districts	\$235
Complimentary School	\$0
Each additional school discounted @ \$90 x ____ =	\$ ____
University System	\$455
Complimentary Campus	\$0
Each additional campus discounted @ \$150 x ____ =	\$ ____
International Mail Service Fee (outside of US)	\$12.50
TOTAL AMOUNT DUE	\$ ____

Check enclosed (payable to National Association for College Admission Counseling)

I authorize NACAC to charge these dues to my credit card:

AMEX MasterCard Visa

Credit Card Number _____ Exp. Date _____

Printed Name _____

Signature _____ Date _____



Return form with payment to:

NACAC, Attn: DMT Center, 1050 N. Highland Street, Suite 400, Arlington, VA 22201 or fax 703/373-2372