

Application for Organizational Membership

1. CHECK ORGANIZATION MEMBER TYPE

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

Organizations Eligible for Voting Membership

Not-for-profit organizations whose **primary** activities consist of providing counseling, admission, or financial aid services to students, the college admission counseling or financial aid professions.

Provide proof of tax exempt status with this application.

Organizations Eligible for Non-voting Membership

Organizations (for profit and non-profit) that provide products and/or services to the counseling, admission, or financial aid professions or in support of students in transition to postsecondary education and are not eligible for voting membership.

All organizational members must:

- Submit copies of organization literature which describe the purposes of the organization
- Have been in business for a period of at least three years
- Designate a principal representative whose professional responsibilities include providing services or products to students or to counseling, admission or financial aid professionals.
- Support the purposes of NACAC and comply with the Statement of Principals of Good Practice (SPGP) as stated in the associations bylaws (Article III.2 and 4.)

Organizations that award a degree or diploma are not eligible for organizational membership

2. APPLICATION

Name of Organization _____

Date Established _____

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 _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

Referred by NACAC Member:

First Name _____ Last Name _____

Institution _____

If individual is a member of a NACAC Affiliate, indicate which: _____

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 Principals of Good Practice (www.nacacnet.org/AboutNACAC/Polices).

Signature of Principal Representative _____

*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	

Additional individuals from the organization 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 _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

First Name _____ Last Name _____

Title _____

Email _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

First Name _____ Last Name _____

Title _____

Email _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

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.)

Organization: Voting <i>(includes principal representative)</i>	\$315
Organization: Non-voting <i>(includes principal representative)</i>	\$375
Additional individual members from the organization @ \$60 x ____ =	\$ ____
International Mail Service Fee <i>(outside of US)</i>	\$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