

# Application for Institutional Membership

This area for office use only.

## For Ambassador Program member referral participants:

Provide the name of the referring member: \_\_\_\_\_

### 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 for Non Voting Membership

- ✓ Degree-awarding two- and four-year, not-for-profit colleges, universities and other postsecondary 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 (SPGP)*. Please visit [www.nacacnet.org](http://www.nacacnet.org) to find a copy of NACAC's current SPGP.

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 \$70 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 \_\_\_\_\_

#### Canadian Subscribers:

**By checking this Express Consent checkbox and submitting this form, you are giving NACAC Express Consent to send Commercial Electronic Messages (CEM) to you under the Canadian Anti-SPAM Law.**

**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	\$205
Postsecondary School	\$350
Individuals @ \$80 each x ___ =	\$ ___
School Districts	\$285
Complimentary School	\$0
Each additional school discounted @ \$115 each x ___ =	\$ ___
University System	\$540
Complimentary Campus	\$0
International Mail Service Fee (outside of US)	\$12.50
<b>TOTAL AMOUNT DUE</b>	<b>\$ ___</b>

\*\*The *Journal of College Admission*, valued at \$30 per year, is included in the price of your membership.

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: Elsa Edizon  
 1050 N. Highland Street, Suite 400, Arlington, VA 22201  
 or fax 703/373-2418 or email to [edizon@nacacnet.org](mailto:edizon@nacacnet.org)

**The application process will take up to seven to ten business days.**