

NATIONAL ASSOCIATION FOR COLLEGE ADMISSION COUNSELING
Application for Organizational Membership

This area for office use only.

For Ambassador Program member referral participants:
 Provide the name of the referring member: _____

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.

Community Based Organization
 Not-for-profit community-based organizations which provide counseling, admission or financial aid services only to students at the state or local level on an on-going basis.

- All organizational members must:**
- Submit copies of organization literature which describes 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 Principles 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 _____

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*. Please visit www.nacacnet.org to find a copy of NACAC's current SPGP.

 Signature of Principal Representative

First Name _____ Last Name _____
 Title _____
 Email _____
 Phone _____ Fax _____
 *Ethnicity _____ *Gender _____

***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.

PLEASE NOTE: A \$70 membership fee is due for each individual added.

First Name _____ Last Name _____

Title _____

Email _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

First Name _____ Last Name _____

Title _____

Email _____

Phone _____ Fax _____

*Ethnicity _____ *Gender _____

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.*)

Organization: Voting (<i>includes principal representative</i>)	\$385
Organization: Non-voting (<i>includes principal representative</i>)	\$460
Community Based Organization (<i>includes principal representative</i>)	\$165
Additional individual members from the organization @ \$80 x ____ =	\$ ____
International Mail Service Fee (<i>outside of USA</i>)	\$12.50
TOTAL AMOUNT DUE	\$ ____

****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 Dizon
 1050 N. Highland Street, Suite 400
 Arlington, VA 22201
 or fax 703/373-2418 or email to edizon@nacacnet.org

www.nacacnet.org

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