ACPA
College Student Educators International

❑ Renew Membership
❑ New Membership

2011-12 COLLEGE/UNIVERSITY MEMBERSHIP APPLICATION FORM

COMPLIMENTARY GENERAL MEMBERSHIP – COLLEGE/UNIVERSITY REPRESENTATIVE

☐ President
☐ Senior-Level Academic Affairs Officer
☐ Senior Student Affairs Officer–Executive [Top SSAO; one per college/university]
☐ Senior Student Affairs Officer–Upper-Level [12+ years experience/senior directors 15+ years experience]
☐ Faculty
☐ Mid-Level

Last/Family Name _____ First/Given Name _____ Middle Initial _____

College/University_____ Title_____

Mailing Address_____

Zip/Postal Code_____City_____ State/Province _____ Country_____

Phone _____Fax_____E-mail_____ Date of birth (Month/Day) _____ [optional]

COMPLIMENTARY FULL-TIME UNDERGRADUATE STUDENT LEADER (OPTIONAL)

Last/Family Name _____ First/Given Name _____ Middle Initial _____

Mailing Address_____

Zip/Postal Code_____City_____ State/Province _____ Country_____

Phone _____ E-mail _____ Date of birth (Month/Day) _____ [optional]

College/University dues are effective **July 1, 2011 - June 30, 2012**. This membership includes one complimentary General Individual Membership as the College/University Representative, and one full-time Undergraduate Membership. Additional staff and faculty may join ACPA at a rate of $79 (a 40% discount). **This discounted rate is only valid after this membership is renewed.** College/University dues are based on full-time enrollment (FTE). For a description of institutional benefits and dues, go to www.myacpa.org/mem/

COLLEGE/UNIVERSITY DUES		
Under 1,000 FTE	Category A	$ 219
1,000 - 2,499	Category B	$ 435
2,500 - 4,999	Category C	$ 634
5,000 - 9,999	Category D	$ 855
10,000 - 14,999	Category E	$ 1069
15,000 - 19,999	Category F	$1282
20,000 - 29,999	Category G	$1502
30,000 - 39,999	Category H	$1716
40,000 and above	Category I	$1929

Federal Tax ID# 521170366

PAYMENT

Dues Amount $ _____ Date_____

☐ Check Payment Check Number_____

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number _____ Expiration Date _____

Printed Name _____

Signature_____Date_____

Please update your demographic information, select primary job function and join committees at myacpa.org after processing.
Membership is non-refundable. Please allow 5-7 business days for processing.

ACPA, One Dupont Circle NW, Suite 300, Washington, DC 20036-1188, USA • tel: 1.202.835.2272 fax: 1.202.296.3286

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