



Institutional Membership

(Please print or type and complete all information)

Name of Institution _____

Name of Primary Contact _____

Job Title _____

Mailing Address _____

City _____ State/Province _____ Zip _____ Country _____

Phone Number _____ FAX _____

E-MAIL address (please print clearly, case sensitive) _____

How did you learn about NACAS? If applicable, please indicate the name and institution of the individual who referred you for NACAS membership.

Annual Dues

Your institution will receive from 1 to 7 copies of NACAS periodicals and mailings based on the Full Time Enrollment (FTE) table to the right. Please check the level of FTE and provide a name and contact information for each person who is to receive materials. List on the back of this form additional individuals who are to receive mailings.

Mailings	FTE	Dues
1	0 - 1000	\$270 <input type="checkbox"/>
2	1,001 - 2,499	\$375 <input type="checkbox"/>
3	2,500 - 4,000	\$465 <input type="checkbox"/>
4	4,001 - 6,999	\$625 <input type="checkbox"/>
5	7,000 - 12,000	\$780 <input type="checkbox"/>
6	12,001 - 19,999	\$945 <input type="checkbox"/>
7	20,000 - or more	\$1075 <input type="checkbox"/>
1	International	\$490 <input type="checkbox"/>

Actual FTE: _____ Dues: \$ _____ Total Enclosed: \$ _____

Please circle whether your institution is:

4-Year Public 4-Year Private Community College/2-Year HBCU

The individual named above will be listed in the NACAS Directory and updates to it as the official representative for this institution and will receive NACAS periodicals and mailings.

NACAS FEIN #: 16 0999 454

Enclose P.O. or check in U.S. funds made payable to NACAS, or complete the credit card box, and mail with completed application to:

NACAS Institutional Memberships
PO Box 5546
Charlottesville, VA 22905-5546

For information call: 434.245.8425 OR complete the application on our website: www.nacas.org

Credit Card: (indicate one)	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Card#:	_____
Expires:	_____
Name on Card:	_____
Signature (required):	_____
Date:	_____

The above named college or university, being an accredited degree granting institution and eligible for membership, hereby submits an application for such membership in NACAS.



NACAS offers to all member institutions an unlimited number of employees to receive online access to our website, online Community listserves and library, *College Services* magazine, *NACAS Quarterly* newsletter, and member rates to educational events and conferences. If, above your allotted official member slots, you have more staff members that you would like to have access to these benefits, please send their information on a separate page, and we will enter them into our database. Each person will receive an email with login and appropriate benefit information. Contact NACAS with questions at 434.245.8425.

2nd Mailing (FTE 1,001 - 2,499)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____

4th Mailing (FTE 4,001 - 6,999)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____

6th Mailing (FTE 12,001 - 19,999)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____

3rd Mailing (FTE 2,500 - 4,000)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____

5th Mailing (FTE 7,000 - 12,000)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____

7th Mailing (FTE 20,000 - or more)

Name _____

Title _____

Address _____

City _____ St _____ ZIP _____

Phone _____

Fax _____

E-mail _____