

Application for Additional Membership

Step 1: Membership Information

There are no limits with ASCAOR! Some of our member institutions mistakenly believe that their entitled membership, based upon size code, is the maximum number of members allowed. However, regardless of the institution's size, additional ASCAOR memberships can always be added.

Additional Member—Annual Fee: \$184

Name: _____
Title: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip or Postal Code: _____
Country: _____
Phone: _____
Fax: _____
E-mail: _____

In what areas do you work? (please check all that apply) Gender: M F

- | | |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Academic Advising Race (optional) | <input type="checkbox"/> Admissions |
| <input type="checkbox"/> Computer/Information Services | <input type="checkbox"/> African-American/Black, non-Hispanic |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Enrollment Management Services | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> International Admissions | <input type="checkbox"/> Hispanic/Latino/Latina |
| <input type="checkbox"/> Institutional Research | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> Records and Registration | <input type="checkbox"/> Prefer not to specify |
| <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Other: _____ |

Step 2: Submit Your Application

Payment Information:

Check Enclosed Check Number: _____

Credit Card VISA MasterCard AMEX Total Charge: \$ _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

(not valid without signature below)

Cardholder's Signature: _____

I authorize ASCAOR to charge my account for ASCAOR membership fees.

Fax payment and application to:
ASCAOR Membership, 916-244-0640