

## Application for ASCAOR Institutional Membership

### Step 1: Institutional Information

Institutional membership in the American Society of Collegiate Admissions Officers and Registrars (ASCAOR) is open to postsecondary degree-granting institutions accredited by ASCAOR's Council. Membership fees are based on institutional enrollment.

**YES! We are ready to join ASCAOR!**

**Institution Type** (*please check only one*) **Institution Control** (*please check only one*)

2 years (lower division only)  Public

2+ years (upper division w/graduate)  Private, Nonprofit

2 years (upper division only)  Other (proprietary)

4+ years (undergraduate, graduate and/or professional)

4 years (undergraduate) **Accreditation:**

\_\_\_\_\_

1+ years (graduate and/or professional) **IPEDS ID:**

\_\_\_\_\_

Other: \_\_\_\_\_

Name of Institution:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or Postal Code:

\_\_\_\_\_ Country: \_\_\_\_\_

Website:

\_\_\_\_\_

Main Contact Person:

\_\_\_\_\_

\_\_\_\_\_

## Step 2: Dues Assessment

Total Enrollment	Allotted Members	Membership Fee
Under 1,000	2	\$ 368
1,000 - 2,499	3	\$ 552
2,500 - 4,999	4	\$ 736
5,000 - 9,999	5	\$ 920
10,000 - 19,999	6	\$ 1,104
20,000 +	7	\$ 1,288
<b>Each additional member</b>		<b>\$ 184</b>

Our institution has an enrollment of \_\_\_\_\_. I understand that we are allotted a minimum of \_\_\_\_\_ voting members. I would like to add \_\_\_\_\_ additional voting memberships.

### Membership Dues

Our Membership Fee (based on total enrollment): \$ \_\_\_\_\_  
Fee for Additional Voting Member(s) @ \$184 each: \$ \_\_\_\_\_

Total Charge for Membership: \$ \_\_\_\_\_

ASCAOR's membership year runs July 1<sup>st</sup> through June 30<sup>th</sup>. New applications received after January 1<sup>st</sup> will be prorated at 50 percent off the annual amount.

QUESTIONS? Call 916-244-0640 or e-mail [info@ascaor.org](mailto:info@ascaor.org)

## Step 3: Membership Roster

Please complete the following information for contact person and each voting member. *Make additional copies if more than two voting members.*

AACRAO Voting Member  Primary Contact?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Step 4: 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