



2011 – 2012

Institutional Membership Application

The most Senior Student Affairs Officer should be the representative for the membership.

IN THE PAST, I HAVE BEEN A MEMBER OF NASPA ID #: _____

I HAVE NEVER BEEN A MEMBER OF NASPA

PREFIX: _____ NAME: _____ NICKNAME: _____

TITLE: _____ FUNCTIONAL AREA: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

EMAIL ADDRESS: _____ TELEPHONE #: _____ FAX #: _____

DEMOGRAPHIC INFORMATION

The following information is collected so that NASPA can report aggregate statistical information to members and others in higher education. Individual personal information will not be released.

GENDER	RACE/ETHNICITY	M/NUFP ALUM	HIGHEST DEGREE EARNED	YEAR OF 1 ST FULL-TIME POSITION IN STUDENT AFFAIRS
<input type="checkbox"/> Female	<input type="checkbox"/> African American	<input type="checkbox"/> Yes	<input type="checkbox"/> Associate	
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian	<input type="checkbox"/> No	<input type="checkbox"/> Bachelor's	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Asian Pacific Islander		<input type="checkbox"/> Master's	
<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Post Master's Certificate	<input type="checkbox"/> 19 _____
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Doctorate/Terminal	<input type="checkbox"/> 20 _____
	<input type="checkbox"/> Multiracial			
	<input type="checkbox"/> Other _____			
	<input type="checkbox"/> Prefer Not to Answer			

Circle the category in the "Institutional Dues Matrix" that represents your institutional makeup.

Total Education & General Fund Expenditure (excluding auxiliaries) Dollars	FULL-TIME ENROLLMENT EQUIVALENT									
	A	B	C	D	E	F	G	H	I	J
	0-999	1,000-1,999	2,000-3,499	3,500-4,999	5,000-7,999	8,000-10,999	11,000-14,999	15,000-19,999	20,000-29,999	30,000 & Over
0-1,999,999	381	493	570							
2,000,000-3,999,999	409	511	589	701						
4,000,000-5,999,999	420	536	622	736	837					
6,000,000-9,999,999	441	554	659	761	865	950				
10,000,000-14,999,999	482	577	693	822	928	1047	1158			
15,000,000-19,999,999	500	613	728	834	940	1061	1178	1296		
20,000,000-29,999,999	530	632	745	893	968	1083	1201	1333	1435	
30,000,000-49,999,999	545	665	768	906	1005	1125	1236	1348	1461	1573
50,000,000-99,999,999	562	693	804	934	1071	1185	1322	1461	1584	1695
100,000,000-175,999,999	575	716	822	950	1089	1220	1339	1488	1598	1712
176,000,000-250,000,000	612	744	865	999	1105	1254	1382	1513	1635	1729
Over 250,000,000	640	768	893	1012	1142	1270	1401	1530	1652	1757
Institutions Outside USA	451									

A check or money order (payable to NASPA) or credit card payment for the total amount in U.S. funds must accompany this form. Return this form and payment to: NASPA CL ID# 500016 P.O. Box 5007, Merrifield, VA 22116-5007 or fax to (202)898-5737

Card Holder Name: _____ Signature: _____

VISA MASTERCARD AMERICAN EXPRESS Card Number: _____ Exp. Date: _____