



# Community College 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 <sup>ST</sup> 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"/> 19_____
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian	<input type="checkbox"/> No	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> 20_____
<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"/> Hispanic/Latino		<input type="checkbox"/> Doctorate/Terminal	
	<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.

FTE	Dues
≤1,000	\$375
1,001-2,000	\$500
2,001-4,000	\$550
4,001-5,000	\$800
5,001-8,000	\$850
8,001-15,000	\$950
15,001+	\$1,200

*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: \_\_\_\_\_