



MEMBERSHIP LIST REQUEST FORM FOR RESEARCH PURPOSES

Please fax request form and copy of institutional review process approval to 202.898.5737

CONTACT INFORMATION

NASPA Membership Number: _____ Student Faculty
 Professional Other _____

Name: _____

Institution: _____

Title: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

RESEARCH PROJECT

Purpose of Project:
 Master's Degree Thesis
 Doctoral Degree Dissertation
 Institution Sponsored Research Project
 Other _____

Description of Project:
 On a separate page, please briefly describe your study (include purpose and methodology). Please also describe the connection of your research to NASPA's mission. If your study is a requirement of an educational degree, please have your advisor submit a letter stating your study has been approved and that they will be supervising your work.

LIST CHARACTERISTICS

MEMBERSHIP CLASS <input type="checkbox"/> All <input type="checkbox"/> Voting Delegates <input type="checkbox"/> Professional Affiliates <input type="checkbox"/> Faculty Affiliates <input type="checkbox"/> Associate Affiliates <input type="checkbox"/> Graduate Student Affiliates <input type="checkbox"/> Undergraduate Student Affiliates <input type="checkbox"/> Emeritus Affiliates <input type="checkbox"/> For Profit Members <input type="checkbox"/> Nonprofit Members	REGION <input type="checkbox"/> All <input type="checkbox"/> Region I <input type="checkbox"/> Region II <input type="checkbox"/> Region III <input type="checkbox"/> Region IV-E <input type="checkbox"/> Region IV-W <input type="checkbox"/> Region V <input type="checkbox"/> Region VI <input type="checkbox"/> Specific States (please list): _____ _____	GENDER <input type="checkbox"/> All <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer to not respond
RACE/ETHNICITY <input type="checkbox"/> All <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial/Multiethnic <input type="checkbox"/> Prefer to not respond	YEARS IN THE FIELD <input type="checkbox"/> All <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Other (please list): _____ _____	HIGHEST EDUCATIONAL DEGREE <input type="checkbox"/> All <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Post Master's Certificate <input type="checkbox"/> Doctorate/Terminal <input type="checkbox"/> Prefer not to respond

Random Sample Size: _____ Special Request: _____

I agree to use this list only for the purpose stated; and agree to abide by ethical and non-discriminatory research practices.

Signature: _____ Date: _____