Application for Membership

Application for membership in:  □ SACUBO & NACUBO    □ SACUBO ONLY

Institution / Firm: __________________________________________________________

Street Address: ________________________________________________________________________________

City: ___________________________   State: ___________________________   Zip: _______________

Type of Membership

□ Regular Member
  □ Two-Year Institution   □ Public
  □ Four-Year Institution   □ Private
  □ Governing Board

□ Provisional Member
  □ Two-Year Institution   □ Public
  □ Four-Year Institution   □ Private

□ Associate Member (Library, Museum, Foundation, and other Not for Profit Organizations)

□ Affiliate Member (K-12 Schools)

FTE (full time equivalent enrollment): __________

Type of Degree(s) Granted: _____________________

Current Fund Expenditures: _________________

Do you qualify under Section 501(c)(3) or Section 115(a) of the IRS Code as a nonprofit institution?  □ Yes    □ No

Is the organization accredited by a Regional or National Higher Education Accrediting Body?  □ Yes    □ No

One representative included.  May list up to four additional representatives on page 2 at the same address for $3.00 each. Affiliates – please attach information regarding the relationship between your organization and higher education.

Institution / Organization’s Primary Representative (voting member if eligible)

Name: ____________________________________________   Title: ____________________________________________

Phone: _______   Fax: _______   Email: ____________________________________________

Payment

Calculate your dues according to the Dues Schedule on the sacubo.org website (and the nacubo.org website if applicable). Please make check payable to NACUBO and mail payment with this application to NACUBO Member Services, 1110 Vermont Ave. NW, Suite 800, Washington, DC 20005.

________________________________________

Signature of Applicant

________________________________________

Date
Additional staff members to receive literature:

Name: __________________________ Title: __________________________
Phone: _______________ Fax: _______________ Email: __________________________

Name: __________________________ Title: __________________________
Phone: _______________ Fax: _______________ Email: __________________________

Name: __________________________ Title: __________________________
Phone: _______________ Fax: _______________ Email: __________________________

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