

# ACAD

AMERICAN CONFERENCE  
OF ACADEMIC DEANS

**2018-19**

**Individual Membership**  **Application** /  **Renewal**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

How did you learn about ACAD?

Colleague  Conference attendance  Web site  Other \_\_\_\_\_

Are you a member of any other Deans' organization(s)?

Yes  No If yes, which one(s)?  CCAS  CIC  
 Other(s) \_\_\_\_\_

**Please note: the ACAD Membership year is July 1 – June 30.**

Membership Fees:

**Individual Membership** Individual Membership for current deans, provosts, chief academic officers, and other academic leaders at two- and four-year liberal arts colleges and universities in the United States.

Membership Rate \$125.00

**Emeritus Membership:** Individual Membership for former deans, provosts, chief academic officers and other academic leaders not otherwise eligible for Standard Membership.

Membership Rate \$60.00

*Please note: there is a separate form for Group Membership Applications. Please visit [www.acad.org/membership-levels/](http://www.acad.org/membership-levels/) or contact ACAD at 202-884-7419 for copies.*

Method of Payment:

Visa  Mastercard  American Express  Check

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV/CVS (last 3 digits on back of card): \_\_\_\_\_

Billing Address for Card (only fill in if different from above address):

\_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Email for receipt from credit card transaction: \_\_\_\_\_

Please return to ACAD (Attention: Laura Matthias)  
1818 R St. NW Washington DC 20009  
FAX: 202-265- 9532 or email to: [matthias@acad.org](mailto:matthias@acad.org)