



2019-2020

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 \$135.00

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

Membership Rate \$70.00

Please note: there is a separate form for Group 2+ Membership Applications. Please visit <https://acad.org/membership/join/> 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