



Group of Two or More Membership Application 2020-21

All applicants using this form must be at the same institution. They may be current or former academic administrators and they may be new applicants or renewing members. Upon receipt of application and payment, each member will be notified of their username and password for gaining access to the Members Only section of the ACAD web site at www.acad.org

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GROUP MEMBER #1: New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #2 New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #3 New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #4: New Member Renewing Member

NAME: _____

TITLE: _____

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 go to next page

Institution: _____

GROUP MEMBER #5: New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #6: New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #7: New Member Renewing Member

NAME: _____

TITLE: _____

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)

GROUP MEMBER #8: New Member Renewing Member

NAME: _____

TITLE: _____

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 use additional pages if necessary

Group of Two or More Membership Fee:

\$240.00 (2 Members at \$120 each) + \$_____ (_____ additional members x \$120 each) = \$_____ for One Year -- July 1, 2020 – June 30, 2021

Method of Payment:
 Visa Mastercard American Express Check

Card Number: _____

Expiration Date: _____ **CVV/CVS (last 3 digits on back of card):** _____

Name on Card: _____ **Signature:** _____

E-mail address of person to whom you wish receipt to be sent: _____

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