

# Individual 2+ Discount Application 2021-22



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 members only areas of th ACAD website.

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

<p><b>GROUP MEMBER #1:</b>   <input type="radio"/> New Member   <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____      FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b>  <input type="checkbox"/> Colleague                      <input type="checkbox"/> Conference attendance  <input type="checkbox"/> Web site                              <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b>  <input type="radio"/> Yes    <input type="radio"/> No                  If yes, which one(s)? <input type="checkbox"/> CCAS   <input type="checkbox"/> CIC   <input type="checkbox"/> Other(s)                  _____</p>	<p><b>GROUP MEMBER #2:</b>   <input type="radio"/> New Member   <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____      FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b>  <input type="checkbox"/> Colleague                      <input type="checkbox"/> Conference attendance  <input type="checkbox"/> Web site                              <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b>  <input type="radio"/> Yes    <input type="radio"/> No                  If yes, which one(s)? <input type="checkbox"/> CCAS   <input type="checkbox"/> CIC   <input type="checkbox"/> Other(s)                  _____</p>
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<p><b>GROUP MEMBER #3:</b>   <input type="radio"/> New Member   <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____      FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b>  <input type="checkbox"/> Colleague                      <input type="checkbox"/> Conference attendance  <input type="checkbox"/> Web site                              <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b>  <input type="radio"/> Yes    <input type="radio"/> No                  If yes, which one(s)? <input type="checkbox"/> CCAS   <input type="checkbox"/> CIC   <input type="checkbox"/> Other(s)                  _____</p>	<p><b>GROUP MEMBER #4:</b>   <input type="radio"/> New Member   <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____      FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b>  <input type="checkbox"/> Colleague                      <input type="checkbox"/> Conference attendance  <input type="checkbox"/> Web site                              <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b>  <input type="radio"/> Yes    <input type="radio"/> No                  If yes, which one(s)? <input type="checkbox"/> CCAS   <input type="checkbox"/> CIC   <input type="checkbox"/> Other(s)                  _____</p>
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Institution: \_\_\_\_\_

<p><b>GROUP MEMBER #5:</b> <input type="radio"/> New Member <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b> <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, which one(s)? <input type="checkbox"/> CCAS <input type="checkbox"/> CIC <input type="checkbox"/> Other(s) _____</p>	<p><b>GROUP MEMBER #6:</b> <input type="radio"/> New Member <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b> <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, which one(s)? <input type="checkbox"/> CCAS <input type="checkbox"/> CIC <input type="checkbox"/> Other(s) _____</p>
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<p><b>GROUP MEMBER #7:</b> <input type="radio"/> New Member <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b> <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, which one(s)? <input type="checkbox"/> CCAS <input type="checkbox"/> CIC <input type="checkbox"/> Other(s) _____</p>	<p><b>GROUP MEMBER #8:</b> <input type="radio"/> New Member <input type="radio"/> Renewing Member</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p><b>How did you learn about ACAD?</b> <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p><b>Are you a member of any other Deans' organization(s)?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, which one(s)? <input type="checkbox"/> CCAS <input type="checkbox"/> CIC <input type="checkbox"/> Other(s) _____</p>
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Please use additional pages if necessary

**Individual 2+ Discount Membership Fee:**  
**\$240.00 (2 Members at \$120 each) + ( \_\_\_ additional members x \$120 each) =**  
**\$ \_\_\_\_\_ for One Year -- July 1, 2021 – June 30, 2022**

**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)**  
**14460 Falls of Neuse Rd., Suite 149-279, Raleigh, NC 27614 or email: [matthias@acad.org](mailto:matthias@acad.org)**