



2023–2024

Individual Membership: ☐ Application **OR** ☐ 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 \$145.00

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

Membership Rate \$80.00

Note: there is a separate form for Individual 2+ Discount level when two or more individuals from the same institution join or renew. Visit portal.acad.org/join for more information.

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 Best)
14460 Falls of Neuse Rd., Suite 149-279, Raleigh, NC
27614 or email to: best@acad.org