

Individual 2+ Discount Application 2024-25



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 the ACAD website.

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GROUP MEMBER #1: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____	GROUP MEMBER #2: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____
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GROUP MEMBER #3: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____	GROUP MEMBER #4: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____
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Institution: _____

GROUP MEMBER #5: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____	GROUP MEMBER #6: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____
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GROUP MEMBER #7: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____	GROUP MEMBER #8: <input type="radio"/> New Member <input type="radio"/> Renewing Member NAME: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____ Are you a member of any other Deans' organization(s)? <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) _____
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<p>Please use additional pages if necessary</p> <p>Group of Two or More Membership Fee: \$260.00 (2 Members at \$130 each) + (_____ additional members x \$130 each) = \$ _____ for One Year -- July 1, 2024 – June 30, 2025</p> <p>Method of Payment: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> American Express <input type="radio"/> Check</p> <p>Card Number: _____</p> <p>Expiration Date: _____ CVV/CVS (last 3 digits on back of card): _____</p> <p>Name on Card: _____ Signature: _____</p> <p>E-mail address of person to whom you wish receipt to be sent: _____</p> <p style="text-align: center;">Please return to ACAD (Attention: Laura Best) 14460 Falls of Neuse Rd., Suite 149-279, Raleigh, NC 27614 or email: best@acad.org</p>	
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