



**2024-25**

**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](http://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](mailto:best@acad.org)