

Individual 2+ Discount Application 2026-27



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: _____

<p>GROUP MEMBER #1: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>	<p>GROUP MEMBER #2: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>
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<p>GROUP MEMBER #3: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>	<p>GROUP MEMBER #4: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>
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Institution: _____

<p>GROUP MEMBER #5: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>	<p>GROUP MEMBER #6: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>
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<p>GROUP MEMBER #7: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>	<p>GROUP MEMBER #8: <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>How did you learn about ACAD? <input type="checkbox"/> Colleague <input type="checkbox"/> Conference attendance <input type="checkbox"/> Web site <input type="checkbox"/> Other _____</p> <p>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) _____</p>
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Please use additional pages if necessary

Group of Two or More Membership Fee:
\$300.00 (2 Members at \$150 each) + (___ additional members x \$150 each) =
\$ _____ for One Year -- July 1, 2026 – June 30, 2027

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