



2009-2010

SCHOOL MEMBER APPLICATION

(Membership Year: May 1, 2009-April 30, 2010)

FOR NACA OFFICE USE ONLY	
BT-ID _____	Date _____
Amt _____	Ck/CC/Track # _____
iMIS _____ Op _____	Batch _____
<input type="checkbox"/> New Membership <input type="checkbox"/> Membership Reinstatement	

School _____

Campus _____

Mailing Address _____

City _____ State/Province _____ Zip + 4 _____

Phone _____ Fax _____ Department E-mail** _____
This e-mail address must be different from any used for contacts listed below.

Programming Board Web Address _____

**Used for general information updates from NACA. This address will also appear in the NACA Online Directory and on mailing lists provided to members.

Please exclude my institution from any mailing list sold or given as part of a sponsorship package to a non-member organization, company or association.

Please exclude my institution from the NACA Online Directory. Please exclude my institution from any mailing list provided to members.

PLEASE CHECK THE APPROPRIATE BOXES AND ENTER THE TOTAL DUE AT THE BOTTOM OF THE SECOND PAGE:

MEMBERSHIP TYPE/SERVICE	FEES
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- SCHOOL MEMBERSHIP**
 School memberships are available to colleges or universities. Memberships include access to and listing in the NACA Online Directory and subscriptions to *Campus Activities Programming* magazine as determined by FTE (Full Time Enrollment, as required by the US Department of Education, is calculated by dividing the school's total number of credit hours taken by 15, a normal course load).
- INTERNATIONAL** (Includes one subscription to *Campus Activities Programming*)\$150
 - FTE 0-500** (Includes up to two subscriptions to *Campus Activities Programming*)\$403
 - FTE 501-1,000** (Includes up to three subscriptions to *Campus Activities Programming*)\$500
 - FTE 1,001-5,000** (Includes up to three subscriptions to *Campus Activities Programming*)\$585
 - FTE 5,001-10,000** (Includes up to four subscriptions to *Campus Activities Programming*)\$708
 - FTE 10,001-15,000** (Includes up to four subscriptions to *Campus Activities Programming*)\$800
 - FTE over 15,000** (Includes up to five subscriptions to *Campus Activities Programming*)\$925
- Additional *Campus Activities Programming* magazine subscriptions\$95 each x _____ (Qty)=\$ _____**
Includes magazine and e-newsletters
Indicate below who should receive this additional subscription(s).

DIRECTORY LISTING

The information provided will be used for your official listing in the NACA Online Directory (attach additional list if necessary). **Please be sure to indicate which individuals should receive *Campus Activities Programming* (see total number of subscriptions allotted by FTE on the front side.) School departmental applicants, please only list one contact.**

1.	Primary Staff Contact _____	Title _____	E-mail _____
	Program Codes ¹ _____	Ethnic Origin ² _____	Number of <i>Programming</i> Subscriptions for this Contact _____
	<input type="checkbox"/> Please exclude my e-mail from any list sold or given to a member organization, company or association. It may be used for NACA-related updates. <input type="checkbox"/> Please exclude my e-mail from the NACA Online Directory. It may still be used for NACA-related update e-mails.		
2.	Primary Student Contact <i>(receives NACA student mailings)</i> _____	Title _____	E-mail _____
	Program Codes ¹ _____	Ethnic Origin ² _____	Number of <i>Programming</i> Subscriptions for this Contact _____
	<input type="checkbox"/> Please exclude my e-mail from any list sold or given to a member organization, company or association. It may be used for NACA-related updates. <input type="checkbox"/> Please exclude my e-mail from the NACA Online Directory. It may still be used for NACA-related update e-mails.		
3.	Additional Contact _____	Title _____	E-mail _____
	Program Codes ¹ _____	Ethnic Origin ² _____	Number of <i>Programming</i> Subscriptions for this Contact _____
	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Please exclude my e-mail from any list sold or given to a member organization, company or association. It may be used for NACA-related updates. <input type="checkbox"/> Please exclude my e-mail from the NACA Online Directory. It may still be used for NACA-related update e-mails.		
4.	Additional Contact _____	Title _____	E-mail _____
	Program Codes ¹ _____	Ethnic Origin ² _____	Number of <i>Programming</i> Subscriptions for this Contact _____
	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Please exclude my e-mail from any list sold or given to a member organization, company or association. It may be used for NACA-related updates. <input type="checkbox"/> Please exclude my e-mail from the NACA Online Directory. It may still be used for NACA-related update e-mails.		
5.	Additional Contact _____	Title _____	E-mail _____
	Program Codes ¹ _____	Ethnic Origin ² _____	Number of <i>Programming</i> Subscriptions for this Contact _____
	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Please exclude my e-mail from any list sold or given to a member organization, company or association. It may be used for NACA-related updates. <input type="checkbox"/> Please exclude my e-mail from the NACA Online Directory. It may still be used for NACA-related update e-mails.		

¹PROGRAM CODES (Up to six codes can be listed for each contact.)
A—Authorized to negotiate and commit your school to contracts, **B**—Authorized to sign contracts for your school, **CH**—Coffeehouse, **CM**—Concerts/Music, **CO**—Comedy, **CP**—Children/Family Programs, **FV**—Film/Video, **GR**—Greek Life, **LE**—Lecture, **GL**—Gay, Lesbian, Bisexual & Transgender, **LP**—Leadership Programs, **MP**—Multicultural Programs, **NS**—New Student Orientations, **NV**—Novelty/Variety, **PA**—Performing Arts, **PR**—Promotion/Publicity, **RE**—Recreation, **RL**—Residence Life, **SG**—Student Government, **SO**—Student Organization, **TR**—Travel, **UO**—Union Operations, **Z**—All areas

²ETHNIC ORIGIN (Optional) *(This data will be used for internal research purposes only.)*
1—Latino, **2**—African American, **3**—Asian, **4**—Pacific Islander, **5**—Native American, **6**—Caucasian

DEPARTMENTAL MEMBERSHIP (Must already have current school membership.)FREE

In addition to a school membership, current member institutions may wish to have departmental membership for other recognized departments or organizations on campus with programming responsibilities (e.g., University Residence Life Office, Student Government, etc.). Departmental membership includes one subscription to *Campus Activities Programming*, NACA e-newsletters and access to and listing in the NACA Online Directory for listed contacts. Please provide contact information below.

Contact Name _____ Title _____

Department/Office _____

Mailing Address _____

City _____ State/Province _____ Zip + 4 _____

Phone _____ Fax _____ E-mail** _____

Departmental Web Address _____

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- Please exclude my department from any mailing list provided to members.

INDIVIDUAL MEMBERSHIP\$70

Available to individual staff or students at NACA member institutions interested in entering the field of student activities and staff members who have retired from member institutions. Individual membership includes:

- designation as an individual member in the NACA *Directory*
- subscription to *Campus Activities Programming* magazine
- e-newsletters
- Web site access

Name _____ Title _____

Department/Office _____

Mailing Address _____

City _____ State/Province _____ Zip + 4 _____

Phone _____ Fax _____

Department E-mail** _____

***Used for general information updates from NACA. This address will also appear in the NACA Online Directory and on mailing lists provided to members.*

- Please exclude my name from any mailing list sold or given as part of a sponsorship package to a non-member organization, company or association.
- Please exclude my name from the NACA Online Directory.
- Please exclude my name from any mailing list provided to members.

TOTAL DUE \$ _____

METHOD OF PAYMENT:

- Purchase Order Number† _____
(fax copy to 803-749-1047)
- Check # _____
(Print completed application and mail with payment)

† **Purchase orders must be paid within 30 days of invoice in order to retain active membership status. Purchase requisitions or check requests will not be accepted.**

- VISA MasterCard American Express

Credit Card Number _____ Expiration Date _____

Name on Card _____ ZIP Code of Cardholder _____

If your school requires Electronic Funds Transfer (EFT), please contact the NACA Accounting Department at 803-217-3476.

APPLICATION WILL NOT BE PROCESSED WITHOUT PAYMENT OR PURCHASE ORDER.

Federal Tax ID# 57-0515273

ALL APPLICANTS READ AND COMPLETE THE FOLLOWING.

By submitting this application, I agree to read, and the organization I represent agrees to follow, the current versions of all rules, regulations, policies and procedures of the Association, as outlined in various publications and materials I will receive, including the NACA Process for Dealing with Violations of Association Policy. Such rules, regulations, policies and procedures may be amended by NACA's Board of Directors from time to time. NACA will give notice of changes that affect this year's events or activities and for which information has already been distributed by posting such changes on its Web site (www.naca.org) within 15 business days after the change is adopted.

The National Association for Campus Activities advances campus activities in higher education through a business and learning partnership, creating educational and business opportunities for our student and professional members.

SUBMIT