

First Name: _____ Initial: _____ Last Name: _____
 Institution: _____ Job Title: _____
 Address: _____ Day Phone: _____
 _____ Evening Phone: _____
 City: _____ State: _____ Fax: _____
 Postal Code: _____ - _____ Country: _____ Email Address: _____

ROLE: (Choose 1)

Faculty Advisor (FA)
 Academic Advisor/
 Counselor (PA)
 Advising Administrator
 (AA)
 Counselor (CN)
 Other (OT)

DEMOGRAPHIC INFO.: (Optional)

Ethnic Background:	Gender:	Age:
<input type="checkbox"/> African Amer./Black	<input type="checkbox"/> Female	<input type="checkbox"/> Under 22
<input type="checkbox"/> Native American	<input type="checkbox"/> Male	<input type="checkbox"/> 22-30
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> 31-40
<input type="checkbox"/> Asian American		<input type="checkbox"/> 41-50
<input type="checkbox"/> European Amer./White		<input type="checkbox"/> 51-60
<input type="checkbox"/> Other		<input type="checkbox"/> 61-70
		<input type="checkbox"/> Over 70

Joining or Renewing NACADA Membership: (Choose Period)

March-March
 September-September

You can change your membership year but a lapse in membership could make you ineligible for elected leadership positions and certain awards.

***MEMBERSHIP TYPE:** (See web site for definitions)

Charter Membership \$ 45

***COMMISSIONS:** (Choose 2)

C01 Advising Adult Learners
 C03 Multicultural Concerns
 C05 Advising Administration
 C06 Advsg. Grad. & Prof. Students
 C07 Two-Year Colleges
 C08 Small Colleges and Universities
 C11 Advising Business Majors
 C12 Advising Student Athletes
 C13 Undecided/Exploratory Students
 C14 Technology in Advising
 C15 Faculty Advisors
 C16 Advsg. Students with Disabilities
 C17 Advisor Training & Development
 C18 LGBTA Concerns
 C19 Advising Transfer Students
 C21 Engg. & Science Advising

***INTEREST GROUPS:** (Choose 2)

C20 Health Professions Advising
 C22 Advising Education Majors
 C23 Distance Education Advising
 C24 High School to College Advising
 C25 Probation/Dismissal/
 Reinstatement Issues
 C26 ESL/International Student Advising
 C27 Theory & Philosophy of Advising
 C28 Adv. High Achieving Students
 C30 Liberal Arts Advisors
 C31 First Generat. Coll. Student Advsg.
 C32 Assessment of Advising
 C33 Advising Fine Arts Students
 C34 Pre-Law Advising
 C35 Canada
 C36 Native Am. and Tribal College

Total Due \$ 45

PAYMENT INFORMATION:

Check # _____
 P.O. (attach copy) # _____
 Credit Card Visa MasterCard American Express

Card Number _____
 Expiration Date _____
 Card Holders Name _____
 Card Holders Signature _____

NOTE: Checks must be on a U.S. bank in U.S. dollars, payable to NACADA. A \$15 service fee for returned checks applies.

NACADA FEIN #: 481114759

Student Rate Only
Certification of student status is required for student membership. I certify that the applicant is currently a student at the institution named above and is not fully employed in an advising position.

Signature & Title of Supervisor, Department Head, or Dean _____

ACADEMIC AREA: Curriculum in which you primarily advise (Choose 1)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Ecology	<input type="checkbox"/> Social Science
<input type="checkbox"/> Allied Health	<input type="checkbox"/> Engineering	<input type="checkbox"/> Humanities	<input type="checkbox"/> Undecided
<input type="checkbox"/> Architecture	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Law	<input type="checkbox"/> Multiple Areas
<input type="checkbox"/> Business	<input type="checkbox"/> Gen. Arts & Sci.	<input type="checkbox"/> Nat./Comp. Sci.	<input type="checkbox"/> Other

USE OF INFORMATION: (To be excluded, check the box.)

Periodically NACADA distributes mailing lists to other educational entities.

***Refer to the web for details on membership type, commissions, and interest groups**
www.nacada.ksu.edu

**FAX with credit card #
 or copy of Purchase Order to
 785-532-7732**

**Mail with payment to:
 NACADA Membership
 2323 Anderson Ave. Suite 225
 Manhattan, KS 66502-2912**