



New Member Blitz for 2006 Application Form

Name: _____
 Last First M.I.

Job Title: _____

Institution: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

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

FAX with Credit Card # or copy of Purchase
 Order to:
 (785) 532-7732

For more information on NACADA, please
 email nacada@ksu.edu or call (785) 532-5717.

REQUIRED: All NACADA communication is done electronically; therefore, it is essential we have your email address so you may receive the NACADA newsletter and other communications.

ROLE: (Choose 1) <input type="checkbox"/> Faculty Advisor (FA) <input type="checkbox"/> Academic Advisor/ Counselor (PA) <input type="checkbox"/> Advising Administrator (AA) <input type="checkbox"/> Counselor (CN) <input type="checkbox"/> Non-Institutional (NI) <input type="checkbox"/> Other (OT)	DEMOGRAPHIC INFORMATION: (Optional) <table> <tr> <td>Ethnic Background:</td> <td>Gender:</td> <td>Birth Year:</td> </tr> <tr> <td><input type="checkbox"/> African Amer./Black</td> <td><input type="checkbox"/> Female _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Native American</td> <td><input type="checkbox"/> Male _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hispanic/Latino</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Asian American</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> European Amer./White</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>	Ethnic Background:	Gender:	Birth Year:	<input type="checkbox"/> African Amer./Black	<input type="checkbox"/> Female _____		<input type="checkbox"/> Native American	<input type="checkbox"/> Male _____		<input type="checkbox"/> Hispanic/Latino			<input type="checkbox"/> Asian American			<input type="checkbox"/> European Amer./White			<input type="checkbox"/> Other		
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USE OF INFORMATION: (to be *excluded* check box)

Periodically NACADA distributes mailing lists to other educational entities.

You may choose a total of any four (4) of the following COMMISSIONS*:

<input type="checkbox"/> C01 Advising Adult Learners	<input type="checkbox"/> C20 Health Professions Advising
<input type="checkbox"/> C03 Multicultural Concerns	<input type="checkbox"/> C23 Distance Education Advising
<input type="checkbox"/> C05 Advising Administration	<input type="checkbox"/> C24 High School to College Advising
<input type="checkbox"/> C06 Advsg. Grad. & Prof. Students	<input type="checkbox"/> C25 Probation/Dismissal/ Reinstatement Issues
<input type="checkbox"/> C07 Two-Year Colleges	<input type="checkbox"/> C27 Theory & Philosophy of Advising
<input type="checkbox"/> C08 Small Colleges and Universities	<input type="checkbox"/> C28 Adv. High Achieving Students
<input type="checkbox"/> C11 Advising Business Majors	<input type="checkbox"/> C31 First Generat. Coll. Student Advsg.
<input type="checkbox"/> C12 Advising Student Athletes	<input type="checkbox"/> C33 Advising Fine Arts Students
<input type="checkbox"/> C13 Undecided/Exploratory Students	<input type="checkbox"/> C34 Pre-Law Advising
<input type="checkbox"/> C14 Technology in Advising	<input type="checkbox"/> C35 Canada
<input type="checkbox"/> C15 Faculty Advisors	<input type="checkbox"/> C36 Native American & Tribal College
<input type="checkbox"/> C16 Advsg. Students with Disabilities	<input type="checkbox"/> C37 Peer Advising & Mentoring
<input type="checkbox"/> C17 Advisor Training & Development	<input type="checkbox"/> C38 Study Abroad Advising
<input type="checkbox"/> C18 LGBTA Concerns	<input type="checkbox"/> C39 Advising Urban Affairs Majors
<input type="checkbox"/> C19 Advising Transfer Students	<input type="checkbox"/> C40 New Advising Professionals
<input type="checkbox"/> C21 Engg. & Science Advising	
<input type="checkbox"/> C22 Advising Education Majors	
<input type="checkbox"/> C26 ESL/International Student Advising	
<input type="checkbox"/> C30 Liberal Arts Advisors	
<input type="checkbox"/> C32 Assessment of Advising	

INTEREST GROUPS*:

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

YEARS ADVISING:

How long have you been advising?
 < 3 years 3-5 years 6-10 years 11-15 years > 15 years

JOINING OR RENEWING NACADA MEMBERSHIP: (Choose Period)

March-March
 September-September

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

MEMBERSHIP TYPE: (See web site for definitions)

<input type="checkbox"/> Individual Membership (General & Associate)	\$ 55
<input type="checkbox"/> Student**	\$ 20
<input type="checkbox"/> Retiree	\$ 30

Institutional memberships: For explanation and criteria see the NACADA website. Mail completed forms together in one envelope with payment.

<input type="checkbox"/> Institutional—First Official Representative	\$200
<input type="checkbox"/> Each Additional Representative	\$100
<input type="checkbox"/> Additional Contribution (Tax Deductible)	\$ _____

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION:

Check # _____

P.O. # (attach copy) _____

Credit Card Visa MasterCard American Express

Card # _____

Expiration Date _____

Card Holder's Name _____

Card Holder's 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 #: 48-1114759

****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 _____

NACADA and Kansas State University are committed to nondiscrimination. Contact the Director of Affirmative Action, KSU, 214 Anderson Hall, Manhattan, KS 66506.

Sponsor's Name: _____

Sponsor's Email Address: _____

FOR OFFICE USE ONLY	
Initials:	_____
Date:	_____
Ck #/Amt.:	_____
Deposit #:	_____