



Allied Member Application

National Academic Advising Association
2323 Anderson Ave, Ste 225, Manhattan, KS 66502-2912
Telephone: 785-532-5717 FAX: 785-532-7732
nacada@ksu.edu www.nacada.ksu.edu

Please print & complete this form, prepare attachments and send all to the NACADA Executive Office.

Organization Name: _____ **Acronym:** _____

Date Organized: _____ # Members: _____
(Allied organization must have been in existence for at least 1 year.)

Allied Member Web URL: _____

Do you have a yearly organizational event? **Yes No** (If yes, briefly describe this event below.)

Date: _____ Place: _____

Contact Name: _____

Contact Phone & Email: _____

Event URL: _____

Official Allied Member Liaison to NACADA:

It is the responsibility of the Allied Member Liaison to keep NACADA apprised of current contact information.

Name: _____ Term Ends: _____

Title: _____

Institution: _____

Address: _____

City/State/Postal Code: _____

Day Phone: _____ E-Mail Address: _____

The liaison must be a NACADA member. Has this person paid his/her dues for the upcoming year? **Yes No**

President or Chief Executive Officer of the Organization:

Name: _____ Term Ends: _____

Title: _____

Institution: _____

Address: _____

City/State/Postal Code: _____

Day Phone: _____ E-Mail Address: _____

Is this person a NACADA Member? **Yes No**

Required Information & Fees:

- Attach list of current organizational bylaws or goals/objectives.
- Attach list of current leaders.
- E-mail to nacada@ksu.edu an Excel list of current members including first & last name, institution, state, and e-mail address.
- \$75.00 (September—September)

Method of Payment:

- Check Enclosed
- Visa Card Number: _____ Exp. Date: _____
- Master Card
- American Express Cardholder Name: _____
- Discover

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