



Application for Membership

Application for membership in: SACUBO & NACUBO SACUBO ONLY

Institution / Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type of Membership

Regular Member

- Two-Year Institution Public
- Four-Year Institution Private
- Governing Board

Provisional Member

- Two-Year Institution Public
- Four-Year Institution Private

Associate Member (Library, Museum, Foundation, and other Not for Profit Organizations)

Affiliate Member (K-12 Schools)

FTE (full time equivalent enrollment): _____

Type of Degree(s) Granted: _____

Current Fund Expenditures: _____

Do you qualify under Section 501(c)(3) or Section 115(a) of the IRS Code as a nonprofit institution?

- Yes No

Is the organization accredited by a Regional or National Higher Education Accrediting Body?

- Yes No

One representative included. May list up to four additional representatives on page 2 at the same address for \$3.00 each. Affiliates – please attach information regarding the relationship between your organization and higher education.

Institution / Organization's Primary Representative (voting member if eligible)

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Payment

Calculate your dues according to the Dues Schedule on the sacubo.org website (and the nacubo.org website if applicable). Please make check payable to NACUBO and mail payment with this application to NACUBO Member Services, 1110 Vermont Ave. NW, Suite 800, Washington, DC 20005.

Signature of Applicant

Date

Additional staff members to receive literature:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____