



Illinois Association of Collegiate Registrars and Admissions Officers

www.iacrao.org FEDERAL ID #23-7409422

2009-2010 MEMBERSHIP FORM

Institution Type:

- Public
Private
Two-Year
Four-Year
Professional

Institution:

Address:

Phone: ()

City:

State:

Zip:

Institutional Web Address: www.

District (select one): Northeast Northwest West Central East Central Southern (View District Map at www.iacrao.org)

PRINCIPAL INSTITUTIONAL MEMBER

Name:

Title:

Business Address:

Business Phone: ()

Fax: ()

E-Mail:

New Member?

Yes No

Optional Information*: African American Asian/Pacific Islander Caucasian Hispanic Native American Other

\$125.00

INSTITUTION'S ADDITIONAL MEMBERSHIPS

1. Name:

Title:

Business Address:

Business Phone: ()

Fax: ()

E-Mail:

New Member?

Yes No

Optional Information*: African American Asian/Pacific Islander Caucasian Hispanic Native American Other

\$15.00

2. Name:

Title:

Business Address:

Business Phone: ()

Fax: ()

E-Mail:

New Member?

Yes No

Optional Information*: African American Asian/Pacific Islander Caucasian Hispanic Native American Other

\$15.00

3. Name:

Title:

Business Address:

Business Phone: ()

Fax: ()

E-Mail:

New Member?

Yes No

Optional Information*: African American Asian/Pacific Islander Caucasian Hispanic Native American Other

\$15.00

2009-10 MEMBERSHIP EXPIRES JUNE 30, 2010. (Feel free to duplicate form as needed.)

TOTAL

Members are automatically added to the IACRAO Listserve. Members may unsubscribe at any time.

* By providing this information, you are assisting IACRAO's Executive Committee to meet the diverse needs of the organization's membership.

RETURN ALL COPIES WITH REMITTANCE BY JULY 31, 2009 TO:

Daniel Weber, IACRAO Treasurer
Associate Registrar
Rush University
Office of the Registrar, Suite 440
600 S. Paulina Street
Chicago, IL 60612

Official Institutional Member Signature

Date