



The Association for Information Communications Technology Professionals in Higher Education

ASSOCIATE MEMBERSHIP APPLICATION - \$200

I. ASSOCIATE MEMBERSHIP

Associate membership is available to individuals who are involved in any phase of information communications technology services at institutions that do not qualify for institutional membership, such as hospitals; federal, provincial, or state agencies; research institutions; college consortia; or other associations of college and university administrators which act directly on behalf of college and university communications technology services and interest.

INSTITUTION _____

NAME _____ INFORMAL NAME _____

TITLE _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

INTERNET WEB PAGE URL _____ TELECOM URL _____

(If you have access to e-mail, please provide your e-mail address to facilitate communications with other ACUTA members. Addresses are published in the membership directory.)

APPLICANT'S SIGNATURE _____ Date _____

II. MEMBERSHIP INFORMATION

List the name and title of the person to whom you report: (optional)

Name _____ Title _____

How, or from whom, did you learn about ACUTA? _____

III. DUES

\$200 per year

NOTE: All dues must be paid in full before application for membership has final approval. Enclosing your dues payment with your membership application will allow immediate approval of your application and expedite your participation in ACUTA benefits. Dues are non-refundable and are not prorated. Payment of new affiliation dues between January and June of 2011 covers dues through June 30, 2012. Hereafter, dues will be invoiced annually in May for the following year, which begins July 1.

Check one of the following:

- Full dues are enclosed. Please make all checks payable to ACUTA (Fed. tax ID#61-1185913)
- Please send invoice to: _____

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- Discover
Card # _____ Verification Code _____
Expiration Date: _____ Print Cardholder's Name _____
Signature _____

Mail or fax to:

ACUTA
152 West Zandale Dr., Ste. 200
Lexington, KY 40503-2486

Phone: (859) 278-3338 x 222; Fax: (859) 278-3268

FOR ACUTA USE ONLY

- Application has been accepted
 - Application has been denied; reason: _____
- Approving Signature: _____ Date _____
- Region: ___ Northeast (1) ___ Southeast (2) ___ Midwest (3) ___ West (4) ___ Canada (5)
- Check # _____ \$ _____ Date _____ Code **WEB**