MOACAC
MISSOURI ASSOCIATION FOR COLLEGE ADMISSION COUNSELING

Membership Application
Membership year: June 1, 2010 – May 31, 2011
Please use a separate form for each member

Last Name **First Name** **Title**

Institution

Institution Street Address (as it is to appear in the database) **Website Address**

City **State** **Zip Code**

( )
Institution Telephone Number **Extension** **FAX Number** **E-mail Address**

Check one: ____ Renewal ____ First-time Applicant _____ Please send me a membership certificate

OPTIONAL INFORMATION TO ASSIST MOACAC IN LOCATING PRESENTERS AND ADVISORS

☐ **African American/Black** ☐ **Hispanic/Latin America** ☐ **Asian/Pacific Islander**
☐ **Native American/Eskimo** ☐ **Caucasian/White** ☐ **Other**

MOACAC ANNUAL DUES

Secondary High School
☐ I am my institution's primary contact member ($35) $_____
☐ I am my institution's secondary or multiple member ($0)

College /University (Not-for-Profit Only)
☐ I am my institution's primary contact member ($75) $_____
☐ I am my institution's secondary or multiple member ($0)

☐ **Independent Counselor or Eligible Organizations, Agencies, or Institutions (and/or Individuals; Not-for-Profit)** ($75) $_____
☐ **Education Agency/Organization (Not school-affiliated; *non-voting membership*)** ($75) $_____
☐ **Retired Member** ($30) $_____

Total Amount Due $ _____

NOTE: *Only the Secondary School & College/University categories include Institutional Membership and unlimited Admission Staff or High School Staff.*

****Checks (NO Purchase Orders) MUST be made payable to: Missouri ACAC** **Tax ID: 43-1357300**

Signature_____ Date _____

Please return completed form and payment to (Check must be made payable to **Missouri ACAC**):

MOACAC Membership Committee
Kyle Johnson – Office of Admission
1100 Rockhurst Road
Kansas City, MO 64110

816-501-4100 (phone)
816-501-4241 (fax)
kyle.johnson@rockhurst.edu