

MEMBERSHIP INFORMATION

Institution/Organization _____ Non-Profit Federal Identification Number _____

2 Year/Community College 4 Year 4+ Year Other _____

Public Private Both # Fulltime Undergrads _____ # Fulltime Graduate Students _____

Department/Organization Website: _____ (A link will be added on the ACCED-I website)

Primary Contact - Representative #1 (Individual/Student Memberships, complete representative #1 only)

Name _____ Title _____

Institution _____ Department _____

Mailing Address _____

City/State/Zip _____

Telephone (_____) _____ Fax (_____) _____

Email _____ Department website _____

If you have an email address you will automatically be subscribed to the Association's LISTSERV.

NO I do not want to be subscribed to the Association's LISTSERV.

Primary Focus:

Conferences

Responsible for: _____ summer conferences
_____ academic conferences
_____ scheduling
_____ continuing education
_____ programming
_____ other: _____

Events

Responsible for: _____ scheduling events
_____ concerts & performances
_____ special events (alumni, weddings, etc.)
_____ academic events
_____ institutional events (commencement, dignitary, other high profile events)
_____ other: _____

Both

Department Profile: To whom do you report? (Please choose the **ONE** that most accurately reflects your situation.)

- Administrative/Business Services
- Advancement/Development
- Auxiliary Services
- Continuing Education/Academic Affairs
- Housing/Residence Life
- President's Office/Public Relations
- Student Affairs
- Student Center/Union
- Other _____

Job Description:

- Level 1: Provost, President, Chancellor, Vice President
- Level 2: Assistant/Assoc. Vice Pres., Division Head (oversees numerous departments)
- Level 3: Director/Department Manager (oversees one department)
- Level 4: Assistant Director/Associate Director/Senior Coordinator/Senior Planner
- Level 5: Planner/Coordinator/Program Specialist
- Level 6: Conference/Event Support Staff

Current Salary Range

(Based on full-time employment – This information is strictly confidential and is used in the annual membership statistical summary.)

- Under \$25,000
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$54,999
- \$55,000 - \$59,999
- \$60,000 - \$64,999
- \$65,000 - \$69,999
- \$70,000 - \$74,999
- \$75,000 - \$79,999
- Over \$80,000

Personal Profile: This information is used in the annual membership statistical summary.

Male Female

Certifications

- CCEP
- CMP
- CSEP
- Other : _____
- _____

Education

- High School Graduate
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Ph.D. or Equivalent

Ethnic Origin

- African American
- Asian America
- Caucasian
- Hispanic/Latino
- Native American
- Other: _____

Years in the Conference/Events Profession

- Less Than Two Years
- 2 - 5 Years
- 6 - 10 Years
- 11 - 15 Years
- Over 15 Years

Did someone refer you to ACCED-I whom you wish us to thank? _____

IF YOU DO NOT RECEIVE CONFIRMATION OF YOUR MEMBERSHIP WITHIN THREE WEEKS, PLEASE CONTACT ACCED-I AT (970) 449-4960 or monica@acced-i.org

MEMBERSHIP INFORMATION - Continued

Representative #2

Name _____ Title _____

Institution _____ Department _____

Mailing Address _____

City/State/Zip _____

Telephone (____) _____ Fax (____) _____

Email _____ Department website _____

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Responsible for: ___ summer conferences
___ academic conferences
___ scheduling
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___ programming
___ other: _____

Events

Responsible for: ___ scheduling events
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___ special events (alumni, weddings, etc.)
___ academic events
___ institutional events (commencement, dignitary, other high profile events)
___ other: _____

Both

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Representative #3

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Institution _____ Department _____

Mailing Address _____

City/State/Zip _____

Telephone (_____) _____ Fax (_____) _____

Email _____ Department website _____

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MAKE ADDITIONAL COPIES AS NEEDED
FAX: (970) 449-4965

MEMBERSHIP INFORMATION - Continued

Institutional Student Representative

Name _____ Title _____

Institution _____ Department _____

Mailing Address _____

City/State/Zip _____

Telephone (_____) _____ Fax (_____) _____

Email _____ Department website _____

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