



Association of Student Advancement Programs

Application for Membership

Please return completed forms and membership dues to:

**ASAP Program Coordinator
Association of Student Advancement Programs
1307 New York Avenue NW, Suite 1000
Washington, DC 20005-4701**

Or by fax to: (202) 387-4973, attn: ASAP Program Coordinator

To join ASAP,
your college or university must be a CASE member.
To check to see if your institution is a member,
Visit <http://www.case.org/membership>



COUNCIL FOR ADVANCEMENT
AND SUPPORT OF EDUCATION



Association of Student Advancement Programs

Application for Membership

Directory Information

Please Print

Organization Name _____

Institution _____

District Affiliation _____

Address _____

City _____

State or Province _____

ZIP or Postal Code _____

Phone Number _____

FAX Number _____

Organization's E-Mail Address _____

Organization's WWW Address _____

Organizational Leadership

Campus Advocate

Choose an officer or other active member of your organization to act as the primary liaison with ASAP

Name _____

Title _____

Phone Number _____

FAX _____

E-mail Address _____

Primary Adviser

The faculty or staff member at your institution who advises your organization

Name _____

Title _____

Phone Number _____

FAX _____

E-mail Address _____

For Office Use

Date Received _____

Payment: Credit Card Check

Date Processed _____

Follow up: District Call Welcome Packet

Organizational Programming

Please check each type of program your organization sponsors, promotes or participates in.

Fund Raising

- Annual Fund
- Balloon/Candy/Flower
- Class Gifts
- Phone-a-thons
- Raffles
- Survival Kits
- Other _____

Campus Activities

- Campus Tours
- Dances
- Diversity Programs
- Faculty/Staff Programs
- Family Programs
- High School Recruitment
- Leadership Workshops
- Mud Volleyball
- New Student Programs
- Scholarship/Awards
- Senior Programs
- Speakers/Lectures
- Spirit/Banner Programs
- Other _____

Alumni Activities

- Alumni Programs
- Alumni/School Hosts
- Career Programs
- Homecomings/Reunions
- Mentoring
- Receptions/Dinners
- Trading Places
- Other _____

Organizational Activities

- Appreciation/Recognition
- Community Service
- Holiday Activities
- Mini-Conferences
- Newsletters
- Retreats
- New Member Orientation
- Membership Handbooks
- Other _____

Membership/Institutional Information

What year was your organization established? _____

Is your membership structure:

- | | | |
|--------------------------------|--------------------------------------------|--------------------------------|
| <input type="checkbox"/> Open | <input type="checkbox"/> Dues-based | Total Number of Members _____ |
| <input type="checkbox"/> Close | <input type="checkbox"/> Combination _____ | Number of Active Members _____ |

Is your Institution (Check all that apply):

- | | | | |
|------------------------------------|----------------------------------|---------------------|------------------------|
| <input type="checkbox"/> Four-Year | <input type="checkbox"/> Private | Residential _____ % | Total Enrollment _____ |
| <input type="checkbox"/> Two-Year | <input type="checkbox"/> Public | Commuter _____ % | |

Budget/Sponsoring Office

From where does your organization derive its budget? (check all that apply)

- | | |
|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sponsoring Office _____ % | <input type="checkbox"/> Self Supporting _____ % |
| <input type="checkbox"/> Student Government _____ % | <input type="checkbox"/> Other _____ % |

What is your organization's budget for the current fiscal year? (include funding from all sources) \$ _____

Which office sponsors your organization? (Check all that apply)

- | | | | |
|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Alumni Office/Alumni Association | <input type="checkbox"/> Admissions | <input type="checkbox"/> President's Office | <input type="checkbox"/> Student/Resident Life |
| <input type="checkbox"/> Development/Foundation | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other _____ | |

Membership Survey

What is your primary reason for joining the Association of Student Advancement Programs?

Which member benefits does your organization utilize or plan to utilize?

- | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Network Convention | <input type="checkbox"/> Awards Programs |
| <input type="checkbox"/> Website (www.case.org/asap) | <input type="checkbox"/> Scholarship Opportunities |
| <input type="checkbox"/> Membership Directory | <input type="checkbox"/> Leadership Opportunities |
| <input type="checkbox"/> District Conferences | <input type="checkbox"/> Other _____ |



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Membership Dues

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Organization Name

Institution

Adviser

Phone Number

Membership Dues: **\$115**

Today's date: _____

To Join ASAP, your institution or university must be a member of CASE.

Checks should be made out to CASE and returned with this form.
CASE Federal Tax- ID #52-1012307

You may also pay membership dues by credit card:

VISA

Master Card

American Express

Card Number	_____		
Expiration Date	_____	Amount	_____
Signature	_____		
Print	_____		

Thanks for your membership!