



## ASSOCIATE MEMBERSHIP

Thank you for inquiring about membership in our professional association. Associate members are drawn from those agencies with purposes compatible with the Association and which desire to participate in the means of facilitating cooperation and good public relations between such agencies and the Association.

- TO JOIN:** Submit an application to the Membership Committee chair by June 1. The membership Committee will then evaluate and forward the application to the Executive Council. An affirmative vote by the majority of the Executive Council shall be required to approve an application. Membership becomes effective upon notification from the Membership Committee chair.
- FEE:** The \$100 fee for dues will be assessed and is payable by the annual meeting each year once membership has been approved.
- YEAR:** January 1 – December 31
- BENEFITS:** You will receive all publications:  
\* High School Counselor Directory  
\* College Planning Conference (CPC) Calendar  
\* Quarterly newsletter  
\* KACRAO Membership Directory
- You will be encouraged to participate in the programs offered at the annual meeting.**
- NON BENEFITS:** Associate membership does **NOT** entitle you to:  
\* Vote at the annual meeting  
\* Serve on standing committees  
\* Receive an automatic invitation to any of the CPC's

Should you be interested in an Associate Membership, please complete the application and membership sheet and return it to me with a copy of your catalog and related materials. Again, thank you for interest in KACRAO.

Sincerely,

Penny Cook  
KACRAO Membership Chairperson  
Pittsburg State University  
1701 South Broadway  
Pittsburg, KS 66762



## APPLICATION FOR ASSOCIATE MEMBERSHIP

School/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ACT Code \_\_\_\_\_ Chief Enrollment Officer \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### Please answer the following questions:

1. Purpose(s) of Institution/Agency:  
\_\_\_\_\_
2. Who is your clientele? \_\_\_\_\_
3. Reasons for seeking associate membership in KACRAO:  
\_\_\_\_\_  
\_\_\_\_\_
4. Do recruiters or admissions staff receive a commission or compensation for the number of students enrolling that they worked with? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. What year was the college or agency founded? \_\_\_\_\_
6. Type of institution: (Please check all that apply)  

_____ Public	_____ Private/Independent
_____ Liberal Arts College	_____ Comprehensive College/University
_____ Research University	_____ Other _____
7. How large is your campus? \_\_\_\_\_ acres
8. Degrees offered: \_\_\_\_\_ Associate \_\_\_\_\_ Baccalaureate \_\_\_\_\_ Other \_\_\_\_\_
9. With what organizations are you accredited? \_\_\_\_\_
10. Statistics about your undergraduate population:
  - a) Student/Faculty Ratio: \_\_\_\_\_
  - b) Total number of full-time and part-time undergraduate students: \_\_\_\_\_ FT \_\_\_\_\_ PT
  - c) Total number of full-time faculty \_\_\_\_\_
  - d) Are you on semester, quarter, clock-hours, or other? (please specify)  
\_\_\_\_\_

e) What is the length of study for a unit of credit? \_\_\_\_\_

A degree or certificate? \_\_\_\_\_

11. Does your institution have an open admissions policy, whereby virtually all students are accepted?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Is placement testing required for advisement into coursework? If No, how are students placed?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. What are the admissions standards for acceptance of a new full-time freshman, transfer?

\_\_\_\_\_  
\_\_\_\_\_

14. Average amount of grant/scholarship aid awarded last year per student. \_\_\_\_\_

15. Average amount of loan/work aid awarded last year per student. \_\_\_\_\_

16. Average amount of total financial aid awarded last year per student. \_\_\_\_\_

**Please enclose publication such as brochures, viewbook, catalogues, etc., which indicate the institution/agency or institution's services, products, or other significant activities.**

Person to be contacted regarding the processing of this application:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

The above information is complete and accurate to the best of my knowledge, and is submitted in application for associate institutional membership in KACRAO.

\_\_\_\_\_  
Signature, Chief Enrollment Officer

\_\_\_\_\_  
Date

**Return this form to the Vice President for Association Services of KACRAO:**

**Lee Furbeck**

**Vice President for Association Services**

**University of Kansas**

**KU Visitor Center**

**1502 Iowa Street**

**Lawrence, KS 66045**

**(785) 864-5214**