

MEMBERSHIP APPLICATION

College/District Membership State Association Membership Canadian/International Membership

College/District Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

President/CEO _____

Telephone/Fax _____

E-mail _____

Board Staff _____

Title _____

Telephone _____ Fax _____

E-mail _____

Total fall headcount enrollments for credit – All campuses (full and part-time): _____

Does your board control more than one college? Yes/No (Circle one.) If yes, please attach a detailed listing of each President/CEO and professional board staff with their contact information.

Signature _____ Title _____

Please attach your current Board roster with preferred mailing address for each individual.

Mail completed application, current board roster, and payment to:

Association of Community College Trustees
Dept. 6061
Washington DC 20045-6061

For questions regarding your invoice, please email payments@acct.org or call toll free (866) 904-2228.