

**CAROLINAS ASSOCIATION OF COLLEGIATE REGISTRARS
AND ADMISSIONS OFFICERS**

Institution Name: _____

Business Address: _____

City, State, Zip: _____

Home Address: _____

City, State, Zip: _____

Number of years in admissions, records, or related profession: _____

Please list below offices held, committee memberships, program participation, publications, and other related activities, briefly outlining activity highlights.

CACRAO: _____

SACRAO: _____

AACRAO: _____

Other professional activities, organizations, contributions or awards:

Signature: _____ Date: _____

Phone: () _____ Fax: () _____

Email: _____

Attach documentation or additional pages if necessary