

Application for Institutional Membership

Application for:

Name of Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

CACRAO Primary Contact at Your Institution/Organization: _____

E-mail: _____ Telephone: _____

Type of Institution/Organization (check all that apply):

- Public Private Proprietary Profit Non-Profit
 Four Year Two Year Organization w/post-secondary education purposes Other

Unduplicated Annual Headcount: _____

Primary Mission of Institution/Organization:

Reason(s) for requesting CACRAO Membership:

The initial application fee of \$250 is required for any level of membership. Once your application is submitted, an application fee invoice will be emailed to you. Annual Membership for CACRAO is \$100 for any level of membership. These fees are not refundable. If approved for CACRAO membership, you must agree to abide by the CACRAO constitution and/or bylaws (<http://www.cacrao.org/committees/constitution-by-laws/by-laws>), which govern the CACRAO organization.

Your Name: _____ Date: _____

Your Title: _____

or print and send copy to:
CACRAO Membership
PO Box 20011
601 South College Road
Wilmington, NC 28407-0011

CACRAO Use Only

Application: Approved Denied Deferred

CACRAO President: _____ Date: _____

CACRAO Secretary: _____ Date: _____

Entry in Database Welcome Letter Sent Initial Membership Pack