



# Illinois Association for College Admission Counseling MEMBERSHIP APPLICATION



(For the membership year October 1, 2018 – September 30, 2019)

This application must be received by October 15, 2018 for inclusion in the print copy of the 2018-2019 IACAC Membership Directory.

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 (optional) Middle Initial \_\_\_\_ Preferred Name for Badge \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Primarily works with:  First Year Students  Transfer Students  
 Institution \_\_\_\_\_  
 Phone \_\_\_\_\_ Extension \_\_\_\_\_  
 Email \_\_\_\_\_ (not departmental or group account)

Institution Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_  
 Institution Type: (Illinois members only, to determine region)  
 College/University – Public  High School – Public  2 Year  Other  
 College/University – Private  High School – Private  4 Year  N/A  
 High School CEEB Code \_\_\_\_\_

All members have online access to IACAC's newsletter, *The Admission Essay*, and IACAC's Membership Directory.  
 I also wish to receive a hard copy of the Membership Directory. (mailed in December)

I have read and agree to IACAC's photo policy.  
 Photographs submitted online or taken at IACAC events may be used in IACAC print publications or on the web without further notice or compensation to current or past IACAC members. IACAC and its affiliates are not liable for any damages arising out of the use of such photographs.

Please check all that apply: <input type="checkbox"/> Chicago Public Schools (CPS) <input type="checkbox"/> Illinois School Counselor Association (ISCA) <input type="checkbox"/> Regional Representative	Race/Ethnicity: <input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latin American <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to respond
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## Please Complete One Section (A, B or C) Below

### A. College or University (Not-for-profit only. If your institution is for-profit, please see "For-profit Organization or Institution" in Section C.)

Illinois is my primary recruitment territory

**\$55.00**  I am my institution's primary or only IACAC member. (Institutions which have more than one IACAC member should determine who is to be the primary representative. This member's address and telephone number will be used for Institutional listings in the Membership Directory.)

**\$40.00**  I am my institution's second or multiple member.

**\$55.00**  I am a local representative, primary or only IACAC member. Please complete the following directory information:

**\$40.00**  I am a local representative, second or multiple member. Please complete the following directory information:

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

### B. Secondary School, Junior High School, Elementary School, or School District

**\$45.00**  I am my institution's primary or only IACAC member. (Institutions which have more than one IACAC member should determine who is to be the primary representative. This member's address and telephone number will be used for Institutional listings in the Membership Directory.)

**\$35.00**  I am my institution's second or multiple member.

### C. Related Educational Services

Illinois is my primary recruitment territory

**\$75.00**  Independent Counselor (not school affiliated) (Must complete a supplemental application available from the Executive Assistant.)

**\$75.00**  For-profit Organization or Institution

**\$55.00**  Service Organization (not school affiliated; not-for-profit). I am my Organization's primary or only IACAC member. (Organizations which have more than one IACAC member should determine who is to be the primary representative. This member's address and telephone number will be used for Organizational listings in the Membership Directory.)

**\$40.00**  I am my Service Organization's second or multiple member.

**\$10.00**  Student Member

**\$10.00**  Retired Member \_\_\_\_\_ (institution retired from) **Fee waived if NACAC member. Provide NACAC Membership Number** \_\_\_\_\_

**Refer A Colleague:**  
 Name \_\_\_\_\_ Institution \_\_\_\_\_ Email \_\_\_\_\_

Please return your completed form, with check payable to IACAC, to: IACAC, P.O. Box 279, Mount Prospect, IL 60056-0279  
 Questions? Contact Linda Haffner, Executive Assistant, at (847) 577-2953, (800) 829-0176, or lhaffner@iacac.org