

# Association of College Unions International

application for

## Associate Membership

**Submit your  
application for  
membership today!**

**The cost of  
membership is  
effective through  
Dec. 31, 2007.**

**Send completed form to:**  
ACUI  
One City Centre, Suite 200  
120 W. Seventh St  
Bloomington  
IN 47404-3925  
USA  
Phone: 812.245.8070  
Fax: 812.245.6711  
E-mail: [sell@acui.org](mailto:sell@acui.org)  
[www.acui.org](http://www.acui.org)



**We help you  
do it better!**

### ASSOCIATE and ASSOCIATE PLUS

#### Associate membership

Commercial organizations providing goods and services and supporting the policies, purposes and activities of ACUI are eligible for associate membership.

Associate members receive many benefits and services received by institutional members and several benefits structured specifically for your unique interaction with campus-based members. Associate members may serve in many volunteer capacities within ACUI including Educational Councils, conference planning, session presentation and as content experts for publications, programs and projects. Associate members, however, may not vote in Association elections or hold any elected leadership positions.

#### Associate Plus package

Additional representatives of an associate member company can receive the same mailings as the main contact person with the Associate Plus package. The Associate Plus package costs \$50 per person and is renewable on the anniversary date of original payment. The company must have an associate membership to be eligible for the Plus package.

For more information about ACUI and ACUI membership benefits visit [www.acui.org](http://www.acui.org).

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ORGANIZATION

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NAME OF PRIMARY CONTACT

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TITLE

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ADDRESS

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CITY

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STATE/PROVINCE

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ZIP/POSTAL CODE

---

COUNTRY

---

PHONE

---

FAX

---

E-MAIL

---

WWW

---

NAME OF MARKETING/COMMUNICATIONS CONTACT

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PHONE

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E-MAIL

#### Payment information

Dues should be paid in U.S. dollars.

\$625 dues for associate membership; \$50 dues for Associate Plus package.

You may photocopy this form for multiple Associate Plus packages.

Check (enclosed)

Credit card:  Visa

MasterCard

Amex

CREDIT CARD #

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EXPIRATION DATE

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CARDHOLDER'S NAME

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SIGNATURE

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BILLING ADDRESS

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BILLING ZIP/POSTAL CODE