

Association of College Unions International

application for

Associate Membership

Submit your application for membership today!

Join any time and receive 12 full months of benefits.

Annual dues rate of \$826 is effective through Dec. 31, 2012.

Send completed form to:
ACUI
One City Centre, Suite 200
120 W. Seventh St
Bloomington
IN 47404-3839
USA
Phone: 812.245.8070
Fax: 812.245.6711
E-mail: sell@acui.org
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 \$75 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.

ORGANIZATION

NAME OF PRIMARY CONTACT

TITLE

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

PHONE

FAX

E-MAIL

WWW

NAME OF MARKETING/COMMUNICATIONS CONTACT

PHONE

E-MAIL

Payment information

Dues should be paid in U.S. dollars.

One year membership \$826 Two years membership \$1,652 Associate Plus \$75

You may photocopy this form for multiple Associate Plus packages.

Check (enclosed)

Credit card: Visa

MasterCard

Amex

CREDIT CARD #

EXPIRATION DATE

CARDHOLDER'S NAME

SIGNATURE

BILLING ADDRESS

BILLING ZIP/POSTAL CODE