



National  
Association of  
Graduate  
Admissions  
Professionals

*The Leader in Graduate Enrollment Management*

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## NAGAP 2009-2010 Membership Form

Please provide complete contact information below, which is used by NAGAP to contact you as a member and may also appear in the Online Directory.

**PLEASE RETURN THIS ENTIRE FORM WITH YOUR PAYMENT SO WE CAN PROPERLY CREDIT YOUR DUES.**

This is a:  New Membership (select category on next page)

Current Membership Renewal

Membership ID Number: \_\_\_\_\_

Became a member of NAGAP (year): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credential (Optional: i.e. PhD, MS, BS): \_\_\_\_\_ Title (Optional): \_\_\_\_\_

**Preferred Address: (all mailings will be sent here):**

Institution: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Exclude my information from NAGAP's online membership directory:  Yes  No

Exclude my information from mailing list rentals to outside agencies:  Yes  No

Gender (optional):  Male  Female

Ethnicity (optional):

American Indian/Alaskan native

Native Hawaiian/Pacific Islander

Asian

White

Black/African-American

International

Hispanic/Latino

Other (please specify) \_\_\_\_\_

Number of years you have worked in graduate admissions/graduate education:

Less than 1 year  1-3 years  4-6 years  7-9 years  10 or more years

Please estimate the total number of students in graduate study at your institution:

Less than 500  501-999  1,000-2,499  2,500-4,999  5,000 or more  Not Applicable

The approximate number of students in graduate program(s) you administer:

Less than 500  501-999  1,000-2,499  2,500-4,999  5,000 or more  Not Applicable

Type of Institution:  Private  Public  Proprietary  Not a School (Affiliate Member)

Please indicate the field of study that most clearly identifies the graduate subject area which you administer (check only one):

Arts & Sciences

Medicine

Multiple Disciplinary

Business/Management

Social Work

Other (please specify): \_\_\_\_\_

Communications/Journalism

Technology

Not Applicable

Education

Theology

Law

Urban/Public Affairs

Health Sciences

**MEMBERSHIP CATEGORY**

The membership year is July 1st through June 30th regardless of the date of payment (e.g., if membership dues are paid in the spring, renewal is still due by July 1st). To remain a member and continue NAGAP benefits throughout the year, renewal payments should be sent by July 1st.

**Institutional Membership - \$200.00**

This membership allows the institution to transfer a membership to another staff member within the institution, but it is only valid for 1 person. Dues are required for **each** member within a specific institution and open to all accredited educational institutions granting graduate degrees.

**Individual Membership - \$150.00**

This membership allows an individual to retain the membership and the institution cannot transfer the membership to another person. Individual members have voting privileges. Available to graduate education professionals at accredited educational institutions granting graduate degrees.

**Affiliate Membership - \$150.00**

Open to individuals from agencies or organizations that assist or benefit NAGAP and the graduate admissions community. Each agency or organization will have a designated contact.

**Retired Membership - \$50.00**

With the approval of the NAGAP Governing Board, individuals who have worked in graduate admissions, served the Association, and are in retired status are eligible to join as a retired member.

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**PAYMENT INFORMATION** – Federal Tax ID # 118362047

***All funds MUST be submitted on a U.S. bank in U.S. funds.  
NAGAP does not accept purchase orders or invoice for services.***

Check made payable to NAGAP in U.S. funds     Visa     MasterCard     Discover     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_