



The National Association of Graduate Admissions Professionals

MEMBERSHIP APPLICATION

NAGAP Executive Office
P.O. Box 14605
Lenexa, KS 66285-4605
913.752.4977 (phone)
913.599.5340 (fax)

Please type or print. Payment (payable to NAGAP) must be enclosed for processing.

Category of membership (check one): Institutional (\$125) Individual(\$125)
 Affiliate (\$125) Retired (\$50)

Dr. Mr. Ms. _____
Last Name First Name MI

Title: _____

Institution: _____

Division/Office: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

New member? No Membership Number: _____

Yes How did you learn about NAGAP? _____

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

- | | |
|--|---|
| <input type="checkbox"/> Arts & Sciences/Fine Arts | <input type="checkbox"/> Social Work/Public Health/Public Svcs. |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Technology/Engineering/Architecture |
| <input type="checkbox"/> Communication/Journalism | <input type="checkbox"/> Theology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Urban/Public Affairs |
| <input type="checkbox"/> Law | <input type="checkbox"/> Multiple Disciplines |
| <input type="checkbox"/> Medicine/Biomedical Sci./Health Professions | <input type="checkbox"/> Other (describe) _____ |

Number of years you have worked in graduate admissions/graduate education:
less than one 1-3 4-6 7-9 10 or more

Please estimate the total number of students in graduate study at your institution:
Under 500 501-999 1000-2499 2500-4999 5000 +

Type of Institution: Private Public Proprietary not a school (affiliate member)

The Approximate number of students in graduate program(s) you administer:
Under 500 501-999 1000-2499 2500-4999 5000 +

Ethnicity (optional):
 American Indian or Alaskan native Native Hawaiian or Pacific Islander
 Asian White
 Black or African-American Other (please specify) _____
 Hispanic or Latino International _____

Payment Method: Check Check # _____

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Exp. Date _____

Signature _____