



Membership Application Form

Please print, complete and fax or mail to:
Southern Association of Colleges & Employers
PO Box 4141
Frankfort, KY 40604-4141
502/223-7223
FAX: 502/223-8223
office@soace.org

Please complete a separate form for each person applying for membership.

Membership Status

See Category Descriptions for choosing the appropriate category:

(http://soace.org/generic_membership_categories.php)

Regular Member:

College Employer (Check One)

Dues Category:

Principal (\$110) Associate (\$60)

Affiliate Member: (\$110)

Individual Member:

Retiree (\$110) Transitional (\$110)

Other (\$110) Student (\$55)

Transfer of Membership:

(There is no charge for transferring a membership – available for Regular and Affiliate only)

Transfer Member

(Name and Title of member whom you are replacing)

Member Information

Name _____

Title: _____

Membership Organization: _____

Office/Division: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Home Page Address (URL): _____

E-Mail Address: _____

College Member Information

College Member Function: (Check all that apply)

- Undergraduate/Graduate MBA
 Experiential Education Alumni
 Other: _____

College Profile

- Public Private 4 Year 2 Year

Employer/Affiliate Member Organization Type (Please Choose One)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Communications | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agricultural/Forestry | <input type="checkbox"/> Government | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local | <input type="checkbox"/> Software |
| <input type="checkbox"/> Career Services Vendor | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Staffing/Recruiting |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Telecommunication |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Insurance | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Computer Products/Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other Profit: _____ |
| <input type="checkbox"/> Consumer Goods | <input type="checkbox"/> Paper and Paper Products | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Petroleum Products | |

Payment Information

Demographic Information

This information will assist SoACE in better understanding the diversity of its membership

Gender

- Female Male

Ethnic Origin

- Asian/Pacific Islander Native American
 Black/African American Hispanic
 White/Caucasian
 Other: _____

- Check Enclosed. Make payable to SoACE

- Please charge my credit card:
 Visa AMEX MasterCard

Card Number: _____

Expiration Date: _____

CVV2 Security Code: _____

Signature: _____

Cardholder Name as it appears (Please Print): _____

The following information is helpful, in that it allows a reduction in the credit card discount rate that SoACE is charged:

Street address or PO Box of your credit card billing address: _____

Zip Code of credit card billing address: _____

Please indicate whether membership is: personal expenditure or paid/reimbursed by employer