



# Membership Application Form

Membership Year July 1-June 30

*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](mailto: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](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