

# Membership Application Form

Membership Year July 1, 2011 - June 30, 2012

Please print, complete and fax or mail to:  
Southern Association of Colleges & Employers  
1101 N. Delaware St. Suite 600  
Indianapolis, IN 46202  
Fax: 317-635-4757  
[office@soace.org](mailto:office@soace.org)



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

## **Membership Types:**

### **REGULAR MEMBERSHIP**

All Regular Memberships are granted to organizations and individuals. Regular member representative's job functions must include recruitment, career services and career development or training of college students and graduates exclusively for their organizations.

### **AFFILIATE MEMBERSHIP**

Affiliate Membership may be granted to organizations or individuals that provide a service or product to career services and/or college relations/human resources staffing functions. The mission and purpose of these organizations must be complementary and supportive of the mission and purposes of the SouthernACE, as determined by the Membership Committee. Affiliate membership may include organizations such as: publishers of career materials, technology organizations that provide supporting software and system platforms that directly relate to the operational functions of college recruitment or college and university career services, advertising firms, media organizations, consultants in college recruiting for an institutional employer/college member, college/university faculty, and supervising managers for a regular college/university or employer member. The phrase "consultants in college recruiting" does not constitute employment agencies operating on a contingency basis or as third party recruiters.

### **STUDENT MEMBERSHIP**

Individuals enrolled in degree granting programs of accredited colleges/ universities who have demonstrated interest in the career services and employer relations profession and who are not employed full-time in the profession. Student members are eligible to attend conferences and workshops, and serve on committees, but cannot vote or hold office. Membership dues shall be half (1/2) of the full individual membership rate. Student membership is not available to those who would qualify for membership under the Regular membership category. Student membership eligibility ends six months after the completion of the degree, or upon employment in the field, whichever comes first.

**Based on the information above, please indicate your membership type below:**

#### **Regular Member (\$110)**

- College     Employer  
 Retiree     Transitional  
 Other

If Other, please describe: \_\_\_\_\_

#### **Affiliate Member (\$110)**

- College     Employer  
 Retiree     Transitional  
 Other

If Other, please describe: \_\_\_\_\_

#### **Student Member (\$55)**

#### **Transfer of Organizational Membership:**

If the organization paid for the membership, and there has been a change in position, you may update the new member information on this form.

*(There is no charge for transferring a membership. Available for Regular and Affiliate only)*

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

**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: \_\_\_\_\_

**Payment Information:**

Please return this entire invoice with your check or credit card information so that your payment will be properly credited.

**Make checks payable to: SoACE**

Mail To: SoACE Office, c/o SoACE Membership, 1101 N. Delaware St. Ste. 600, Indianapolis, IN 46202

**Please charge my credit card:** Visa  AMEX  Mastercard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

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

Name on Credit Card (please print) \_\_\_\_\_

*My signature authorizes SoACE to charge my credit card for membership dues.*

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