



Association for Christians in Student Development Membership Application Form

If you wish to join ACSD or renew your membership, please complete this form and submit it to the address at the bottom of the form.

Prefix (circle one): Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Name of Institution: _____

Type of Institution (check one)

- | | |
|---|---|
| <input type="checkbox"/> Public 2-year | <input type="checkbox"/> Private Non-faith 4-year |
| <input type="checkbox"/> Public 4-year | <input type="checkbox"/> Private Faith 2-year |
| <input type="checkbox"/> Private Non-faith 2-year | <input type="checkbox"/> Private Faith 4-year |

Position/ Title: _____

Address: _____

City: _____ State/ Province: _____ Zip/ Postal Code: _____

Office Phone: _____ Fax Number: _____

Email Address (will be your username on the website): _____

Gander (circle one): Female Male

Ethnicity (check one):

- | | |
|--|--|
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Am Indian/AK Native | <input type="checkbox"/> International (Foreign/Alien) |
| <input type="checkbox"/> Am Asian/Pacific Is | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Unknown |

Highest Degree Earned (check one):

- | | |
|--|--|
| <input type="checkbox"/> EdD | <input type="checkbox"/> Master of Science |
| <input type="checkbox"/> PhD | <input type="checkbox"/> Master of Theological Studies |
| <input type="checkbox"/> Juris Doctor | <input type="checkbox"/> Master of Divinity |
| <input type="checkbox"/> Master of Social Work | <input type="checkbox"/> Master of Theology |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Doctor of Ministry |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Other |

Degree Area: _____

Years in Profession: _____ Years in ACSD: _____

Were you a member last year (circle one)? Yes No

Type of Position (check one)

- Senior Student Development Officer
 - Mid-Level Student Development Professional
 - Entry-Level Student Development Professional
 - Higher Education Faculty Member
 - Undergraduate Student
 - Graduate Student
-

I hereby apply for annual membership in the Association for Christians in Student Development. I subscribe to the doctrinal statement (www.acsdhome.org/mission.html) and agree to abide by the constitution and by-laws of the association. The membership fee in the amount of \$50.00 entitles me to membership in the organization from September 1 of the year of my registration to August 31 of the next year.

Signature: _____ Date: _____

Mail this form along with you check for \$50.00 to:

MARYANN SEARLE
Membership Chair
Palm Beach Atlantic University
P.O. Box 24708
West Palm Beach, FL 33416-4708

If you wish to charge by credit card, please complete the following and submit the materials to the same address:

Name (as it appears on the card): _____

Billing Address (if different than above): _____

City: _____ State/ Province: _____ Zip/ Postal Code: _____

Phone: _____

Card Type (circle one): American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____



Association for Christians in Student Development Optional Questionnaire

Please complete this form if you wish and submit it with your membership application.

I am interested in the following leadership position(s) in ACSD:

- President Elect
- Vice President
- Secretary
- Treasurer
- Membership Chair
- Editor
- Regional Director

I nominate the following person for a leadership position in ACSD (if possible, please include address):

Name: _____

Institution: _____

Position Nominated For: _____

Address: _____

I am interested leading and/or participating in a task force addressing the following topic(s):

- Members in Secular Organizations
- Multicultural Issues
- Good Practices in Christian Student Affairs

- Please do not include me in the ACSD Online Membership Directory (available to membership by password).**