

MEMBERSHIP APPLICATION

College/District Membership  State Association Membership  Canadian/International Membership

College/District Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

President/CEO \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Board Staff \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Total fall headcount enrollments for credit – All campuses (full and part-time): \_\_\_\_\_

Does your board control more than one college? Yes/No (Circle one.) If yes, please attach a detailed listing of each President/CEO and professional board staff with their contact information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Please attach your current Board roster with preferred mailing address for each individual.

Mail completed application, current board roster, and payment to:

Association of Community College Trustees  
P.O. Box 426061  
Washington DC 20042-6061

For questions regarding your invoice, please email [payments@acct.org](mailto:payments@acct.org) or call toll free (866) 904-2228.