



Membership Application

Annual Membership Year: November 1 through October 31

1. Contact Information

First name: _____ Last Name: _____

Job Title: _____

Institution: _____

Preferred Mailing Address: Line 1 _____

Line 2 _____

City, State, Zip _____

Phone Number: _____ Email: _____

2. General Information & Demographics

(This information is optional, but is important in planning programs & services)

How many years have you worked full-time in the profession?

- <1 1-2 3-5 6-10 11-15 16-20 21-29 >30

Are you are member of ACPA? Yes No

Primary Work Setting:

- Graduate Student/Graduate Assistant
- Activities/Union
- Admissions
- Advising/Academic Support
- Alumni Affairs
- Career Development
- Chief Student Affairs Officer (VP or Dean)
- Counseling
- Disability Services
- EOP/HEOP
- FYE/Orientation
- Health/Wellness
- Housing/Residential Life
- Judicial Affairs
- Multicultural Affairs
- Teaching/Faculty
- Other _____

Sex: Male Female Transgendered

Race:

- African American Asian/Pacific Islander
- Caucasian Latino/a
- Native American Other _____

Professional Development:

In terms of **Professional Development** what I want or need from CSPA-NYS is...

3. Membership Category

Membership History (please check one):

- I am new to CSPA I am renewing my membership.

Membership Type (please check one):

- Regular/Professional Member = \$25.00 Crystal Circle
- *Graduate Student = \$15.00

*Your professor must sign the following statement: "I certify that the person above is currently enrolled in a graduate program & is **not** currently employed full-time during this academic year."

Faculty signature _____

Referral Information: Please share with us the name of the person who suggested CSPA membership to you:

Directory Information:

- I do not want to be included in the membership directory.
- I do not want my information provided to other groups.

4. Payment Method

Check enclosed (payable to CSPA-NYS)

(There is a \$30.00 fee for returned checks)

Charge my: Visa Mastercard

(Memberships are batch processed. Please allow time for credit card processing.)

Card Number _____

Cardholder's Name as it appears on card _____ Exp. Date _____

Mailing Address as it appears on Credit Statement _____

Cardholder's Signature _____

Please mail completed application with payment to:
 Kimberly Williams- CSPA-NYS Membership Coordinator
 111 Waverly Ave. Suite 200
 Syracuse NY, 13244
 Email: knwillia@syr.edu Fax: 315-443-2633