

CPAK Membership Application Form

MEMBER INFORMATION

Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

County: _____

Phone: _____ Fax: _____

Email Address: _____

MEMBERSHIP FEES:

Dues for all Professionals and Graduate Students are \$10.00.

*** You do not have to pay membership at this time unless you do not plan to attend the CPAK conference. Membership in CPAK runs from conference to conference. If you plan to attend the CPAK conference this year, your membership fee will be included in the Conference fee.*

CURRENT POSITION (Check which best describes your primary work responsibility).

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Multicultural Affairs |
| <input type="checkbox"/> Activities/Unions | <input type="checkbox"/> First Year Experience | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Greek Affairs | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Alumni Relations | <input type="checkbox"/> Health Services | <input type="checkbox"/> Recreation/Intramurals |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Housing/Residence Life | <input type="checkbox"/> Registrar/Records |
| <input type="checkbox"/> Campus Ministry | <input type="checkbox"/> International Students | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Judicial Affairs | <input type="checkbox"/> Wellness Programs |
| <input type="checkbox"/> Chief Student Affairs Officer | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Learning Support | |

WORK SETTING (Check the setting which best describes your work).

- | | | |
|--|--|---|
| <input type="checkbox"/> Private four year | <input type="checkbox"/> Public four year | <input type="checkbox"/> Historically Black College or University |
| <input type="checkbox"/> Community College | <input type="checkbox"/> All Women's College | <input type="checkbox"/> Other _____ |

EDUCATION (Check your highest degree earned).

- | | | | | |
|--------------------------------------|----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Masters | <input type="checkbox"/> Bachelors | <input type="checkbox"/> Associates/Certificate | <input type="checkbox"/> Educational Specialist |
| <input type="checkbox"/> Other _____ | | | | |

DEMOGRAPHICS (optional)

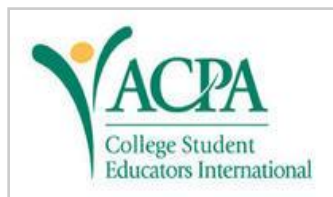
Ethnicity: _____

Citizenship: _____

Gender: Male Female Transgender Other

All members will automatically be subscribed to the CPAK listserv and added to the online directory.

- I wish to keep my membership information private
 I wish to stay unsubscribed to the CPAK listserv



This form needs to be emailed to the Membership Coordinator, Angela B. Taylor

