

ASSOCIATE MEMBERSHIP APPLICATION

Associate membership in the North American Coalition for Christian Admissions Professionals is open to individuals who affirm the NACCAP Principles of Good Practice. Associate members should personally be committed to the ideals expressed in the NACCAP Doctrinal Statement.

Name of Individual _____

Title _____

Institution _____

Address _____ City _____

State/Province _____ Zip _____ Phone _____ Fax _____

Email _____

I am applying as a:

- College/University Admissions/Enrollment Officer
- Secondary School Counselor
- Other _____

PRINCIPLES OF GOOD PRACTICE

- I have read NACCAP Principles of Good Practice.
- I am personally committed to the Doctrinal Statement's ideals.

Briefly describe your interest in NACCAP:

SPONSORSHIP

List two NACCAP members whom you have contacted for recommendations for your Associate membership:

AFFIRMATION

Having read the NACCAP Requirements for Membership, Doctrinal Statement, and Principles of Good Practice, I affirm the standards and objectives of NACCAP, to the best of my knowledge. This application represents my desire for membership in the North American Coalition for Christian Admissions Professionals as an Associate Member. I further agree to pay all applicable dues upon approval to NACCAP.

Applicant

Date

*Please return the
completed application to:*

NACCAP
Membership Services

P.O. Box 5211
Huntington, IN 46750

(P) 260-356-5211
(F) 260-359-0101
(E) office@naccap.org

NACCAP
North American Coalition for
Christian Admissions Professionals

*Advancing Enrollment in
Christian Higher Education*