



## **ACPA Economic Recovery Assistance Program**

The ACPA Economic Recovery Membership Assistance Program offers active and lapsed members with job loss the opportunity to continue their member benefits at a reduced rate. This program includes member savings on publications and registration costs to attend professional development events and annual conventions for networking opportunities.

### **Eligibility:**

Member applicants may be lapsed within one year. Student members are not eligible. Submit form with detailed explanation of job loss and other supporting information.

### **Timeframe:**

Application is good to submit once within a one-year period. Membership will extend for one year beyond current expiration date.

### **Program Benefits:**

Benefits of the ACPA Economic Recovery Membership Assistance Program are:

- Ability to participate in ACPA Commissions and Standing Committees;
- Full access to the ACPA Web site, including the members only section;
- Member rate for educational programs and the ACPA Annual Convention;
- Subscription and online access to JCSD and Developments; and,
- Subscription to About Campus.

### **Program Cost:**

Membership is \$75 for one year.

### **Application Process:**

ACPA members who need to request the Economic Recovery Membership Assistance due to job loss, must document economic hardship for review by the Executive Director or Associate Executive Director. Allow up to 12 business days for review and processing.



**ACPA Economic Recovery Membership Assistance Program Application**

Please print or type all information clearly. All items must be included on the application and submitted with the ACPA application. Allow up to 12 business days for review and processing.

ACPA Member ID: \_\_\_\_\_

Please circle your current membership category:

General Member • General Member at Member Institution • Associate Member

General–Member College/University • General–Member Organization

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAYMENT**

Total Dues Amount US \$75  Check Payment Check Number \_\_\_\_\_

VISA  Master Card  American Express  Discover  Diners Club

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*ACPA membership is nonrefundable or transferrable. Please allow up to 3-5 business days for processing.*

Briefly describe the job loss due to budget reductions on your campus. **Providing specifics and documentation are important.** If additional space is needed, attach an additional sheet. Fax the completed form to ACPA Membership Services at 202-296-3286 or e-mail the form to membership@acpa.nche.edu.

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**FOR OFFICE USE ONLY**

ACPA Join Date: \_\_\_\_\_ ACPA Membership Verified; Date \_\_\_\_\_ • Application Notes: \_\_\_\_\_

Reviewed by \_\_\_\_\_ • Date: \_\_\_\_\_ • Notes: \_\_\_\_\_

Approved;  Not Approved • Final Correspondence Date: \_\_\_\_\_ • Notes: \_\_\_\_\_