

MIACADA Individual Membership Application

Mail completed form and \$15 annual dues (Check made payable to MIACADA) to:
MIACADA, PO Box 6018, East Lansing, Michigan, 48826

First Name:	Initial:	
Last Name:	Email address:	
Job Title:	Institution:	
Street Address:	Building/Room:	
City:	State:	Zip Code:
Day Phone:	Alternate Phone:	

- I am a **new** MIACADA member (Complete demographic information below)
- I am a **renewing** MIACADA member (Make any changes to demographic information below)
- I **DO NOT** wish to have my contact information included in the membership directory made available to MIACADA Members annually

Role: (Check one)	Gender: (Optional)
<input type="checkbox"/> Faculty Advisor	<input type="checkbox"/> Female
<input type="checkbox"/> Academic Advisor/Counselor	<input type="checkbox"/> Male
<input type="checkbox"/> Advising Administrator	
<input type="checkbox"/> Counselor	
<input type="checkbox"/> Other	

Ethnic Background: (Optional)	Years advising (Check one)
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Less than 1 Year
<input type="checkbox"/> Native American	<input type="checkbox"/> 1 - 3 years
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> 3 - 5 Years
<input type="checkbox"/> Asian American	<input type="checkbox"/> 5 - 10 Years
<input type="checkbox"/> European American/White	<input type="checkbox"/> 10 - 15 Years
<input type="checkbox"/> Other	<input type="checkbox"/> 15 Years or more

Highest degree (Check one)	Size of your institution (Check one)
<input type="checkbox"/> Bachelor	<input type="checkbox"/> Less than 999
<input type="checkbox"/> Masters	<input type="checkbox"/> 1,000 - 4,999
<input type="checkbox"/> Educational Specialist	<input type="checkbox"/> 5,000 - 9,999
<input type="checkbox"/> Doctorate	<input type="checkbox"/> 10,000 - 19,999
<input type="checkbox"/> Other	<input type="checkbox"/> 20,000 or more

Academic Area: (Check one)	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Economics/Human Ecology
<input type="checkbox"/> Allied Health Medicine	<input type="checkbox"/> Humanities
<input type="checkbox"/> Architecture	<input type="checkbox"/> Law
<input type="checkbox"/> Business	<input type="checkbox"/> Natural/Computational Sciences
<input type="checkbox"/> Education	<input type="checkbox"/> Social Sciences
<input type="checkbox"/> Engineering	<input type="checkbox"/> Undecided Students
<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Multiple areas
<input type="checkbox"/> General Arts & Science	<input type="checkbox"/> Other

Membership questions should be directed to MIACADAMembership@gmail.com
Note: Checks must be in U.S. Dollars, payable to MIACADA. A service fee for returned checks applies.