



Complimentary Associate Affiliate Membership Form

Name _____

Institution Last Employed at _____

Last Date of Full Time Employment _____

Address Line 1 _____

Address Line 2 _____

City, State, and Zip Code _____

Country _____ E-mail _____

Phone # _____ Fax # _____

Complimentary Associate Affiliate Member

Complimentary one (1) year Associate Affiliate memberships for individuals who are displaced from their full-time positions within a college housing office due to budget cuts.

Specialty Area (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Advise: Fraternities/Sororities | <input type="checkbox"/> Graduate Housing |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Housing Administration |
| <input type="checkbox"/> Business Operations | <input type="checkbox"/> Housing Assignments/Exemptions |
| <input type="checkbox"/> Commuter Life | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Conference Services | <input type="checkbox"/> Judicial Affairs |
| <input type="checkbox"/> Designing | <input type="checkbox"/> Living & Learning |
| <input type="checkbox"/> Dining Services | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Diversity Education | <input type="checkbox"/> Off-Campus Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parent Liaison |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Physical Plant/Facilities |
| <input type="checkbox"/> Family Housing/Apts | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> First Year Programs | <input type="checkbox"/> Student Leader |

Please fax your completed form to (614) 292-3205 or mail the form to: ACUHO-I, 941 Chatham Lane Suite 318, Columbus, Ohio, 43221

If you have other questions, please contact Laura Pietrykowski, at (614) 292-0099 or at laura@acuho-i.org