

# NACCS 2005 MEMBERSHIP FORM

**Joint Membership:** Individual must reside at the same mailing address as member.  
 \_\_\_ **Dues:** \$25.00 (add to the higher income category of the two members).

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ Check if you do not want your address released to vendors.

Phone Numbers: Home (Area Code) \_\_\_\_\_  
 \_\_\_\_\_  
 Work (Area Code) \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Institutional Affiliation/University \_\_\_\_\_

Discipline/Major \_\_\_\_\_  
 Gender: \_\_\_ Male \_\_\_ Female Other \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
 Student Applicant: Candidate for \_\_\_ PhD \_\_\_ MA \_\_\_ BA \_\_\_ AA \_\_\_ Other \_\_\_\_\_

\_\_\_ Professor \_\_\_ Lecturer  
 \_\_\_ Associate Professor \_\_\_ Graduate Student \_\_\_ Admin/Professional  
 \_\_\_ Assistant Professor \_\_\_ Undergraduate \_\_\_ K-12 Admin/Teacher

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Work Phone (Area Code) \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Institutional Affiliation/Univesrity \_\_\_\_\_

Discipline/Major  
 \_\_\_ Professor \_\_\_ Graduate Student \_\_\_ Community  
 \_\_\_ Associate Professor \_\_\_ Undergraduate \_\_\_ Other  
 \_\_\_ Assistant Professor \_\_\_ Admin/Professional  
 \_\_\_ Lecturer \_\_\_ K-12 Admin/Teacher

Student Applicant: Candidate for \_\_\_ PhD \_\_\_ MA \_\_\_ BA \_\_\_ AA \_\_\_ Other \_\_\_\_\_  
 Gender: \_\_\_ Male \_\_\_ Female Other: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**Caucus Dues:** \$10.00/caucus. \$5.00/Caucus for Student. Not required for membership.  
 \_\_\_ Joto \_\_\_ Lesbian \_\_\_ COMPAS \_\_\_ Chicana  
 \_\_\_ K-12 \_\_\_ Student \_\_\_ Graduate \_\_\_ Community

Members of Caucuses can be subscribed to their listservs. Would you like to subscribed? \_\_\_ Yes

**FOCO** Please check the region that applies. If you are uncertain, leave blank.

\_\_\_ Colorado \_\_\_ Mexico \_\_\_ Northern California \_\_\_ Rocky Mountain \_\_\_ Tejas  
 \_\_\_ East Coast \_\_\_ Midwest \_\_\_ Pacific Northwest \_\_\_ Southern California

Each FOCO has a listserv. If you have an email listed, would you like to be subscribed to the FOCO's listserv? \_\_\_ Yes

## Membership Dues Dues are for the 2005 calendar year: January 1-December 31.

___ Under \$20,000.....	\$35.00
___ \$20,000-\$34,999.....	\$50.00
___ \$35,000-\$44,999.....	\$60.00
___ \$45,000-\$54,999.....	\$70.00
___ \$55,000-\$69,999.....	\$80.00
___ \$65,000-\$74,999.....	\$90.00
___ \$75,000 and over.....	\$110.00
___ Retired.....	\$50.00
___ Post-Doc Fellows.....	Use income catagories.
___ Undergraduate Student* .....	\$25.00
___ Graduate Student* .....	\$30.00

___ Library (non voting) .....	\$85.00
___ Institution (non voting).....	\$100.00
___ Life Member.....	\$2500.00
(Installments of \$250 a year for 10 years.)	
Permanent residents of Mexico and other Latin American countries use this income schedule (residents of other nations follow the general member dues structure):	
___ Income under \$20,000.....	\$20.00
___ \$20,000 and over.....	\$30.00

**Caucus Dues** Add \$10.00/caucus or \$5.00/caucus for student (Undergraduate and Graduate). Caucus dues are not required for NACCS membership.

\_\_\_ Chicana \_\_\_ Graduate \_\_\_ Lesbian  
 \_\_\_ COMPAS \_\_\_ Joto \_\_\_ Student  
 \_\_\_ Community \_\_\_ K-12

Members of Caucuses can be subscribed to their listservs. Would you like to subscribed? \_\_\_ Yes

\*Must include a copy of current class enrollment.

**Donations**

Student Support: \_\_\_ \$20.00 \_\_\_ \$40.00 \_\_\_ \$60.00 \_\_\_ Other Amount: \_\_\_\_\_  
 Development Fund: \_\_\_ \$20.00 \_\_\_ \$40.00 \_\_\_ \$60.00 \_\_\_ Other Amount: \_\_\_\_\_  
 Lourdes R. Guerrero Fund: \_\_\_ \$20.00 \_\_\_ \$40.00 \_\_\_ \$60.00 \_\_\_ Other Amount: \_\_\_\_\_

## Payment

Do not send cash ~ Make check payable to NACCS ~ \$25.00 fee for returned checks.

Membership: \$ \_\_\_\_\_ **Credit Card:** \_\_\_ Visa \_\_\_ MasterCard  
 Joint Member \$ \_\_\_\_\_  
 Caucus Dues \$ \_\_\_\_\_ **Credit Card Number** \_\_\_\_\_  
 Donations \$ \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
**TOTAL Payment** \$ \_\_\_\_\_ **Card Holder Signature** (mandatory for credit card payment) \_\_\_\_\_

Your canceled check or credit card statement is your receipt. Make appropriate copies for your records if needed.

**Mail form with payment to:**  
**NACCS**  
**P.O. Box 720052**  
**San Jose, CA 95172-0052**

THANK YOU FOR YOUR CONTINUOUS SUPPORT! VISIT US AT <http://WWW.NACCS.ORG>