



2007-08 MEMBERSHIP APPLICATION

Membership in The Collaboration becomes effective following review and approval of this application and payment in full of the membership fee.

Institutional Information

Name of Institution

Address

City

State

Zip

Membership Category

Please check one.

Regional Membership (IA, MN, ND, SD, WI)

(Please insert the appropriate fee and note if your institution fits one of the exceptions listed in the Membership Agreement.)

2006 Basic Carnegie Classification:

Fee: \$

Associate Membership

(system offices, other nonprofit organizations)

Fee: \$ 400

Affiliate Membership

(colleges and universities outside five-state region)

HBCUs, Tribal Colleges, Hispanic Serving Institutions

Fee: \$ 400

Other Institutions

Fee: \$1,000

To whom should we send the invoice?

Name

Telephone

Title

Email

Institutional Commitment

Our institution supports the mission of The Collaboration and wishes to become a new or continuing member for 2007-08. We agree to provide the membership fee, institutional liaison, and assistance as outlined in the Membership Agreement in exchange for access to all membership benefits for the category of membership requested.

Name of President, Chancellor, or Chief Academic Officer

Telephone

Signature of President, Chancellor, or Chief Academic Officer

Date

Send your Application to:

The Collaboration for the Advancement of College Teaching & Learning
2356 University Avenue West, Suite 230
St. Paul, MN 55114
Fax: (651) 646-3162

If you are enclosing payment, please make the check payable to The Collaboration.