



Application for Individual or Retired Membership

We're delighted that you are joining or renewing your connection to SCUP. We are a community of professionals dedicated to advancing integrated planning in higher education. Please take a moment to complete this application form. Completing the entire application will help us to serve members better.

Today's Date: _____

Joining SCUP for the first time

Renewing my SCUP membership. SCUP ID: _____

Please describe the changes you would like to make to an existing membership, if any: _____

1 MEMBER CONTACT INFORMATION

Please print or type. Your official job title and organization name should not be abbreviated. Please use the version of your organizational name that appears in press releases. If you are retired, please provide your home address.

Prefix (Mr, Mrs, Ms*): _____ First Name: _____ Middle Initial: _____

Last Name: _____ SCUP ID (if known): _____

Official Job Title (no abbreviation): _____

Department/Office/School (no abbreviation): _____

Organization (no abbreviation): _____

Address (street address—no PO Box): _____

Address(continued): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone (country code, if applicable): _____

Fax: _____ Email: _____

Organization's Website: _____

** In the spirit of equality, SCUP has chosen not to use "Dr" as a prefix.*

2 MEMBERSHIP TYPE

About Memberships:

- The membership dues rates on this application are in effect until **September 30, 2012**. Rates will increase **October 1, 2012**. Membership begins the month the payment is received for a **period of one year**, i.e., if your join date is 3/7/2011, then the membership will expire on 3/31/2012.
- Individual and retired memberships are non-refundable and non-transferable. Both are owned by the individual; for example, the individual membership remains with the member even if he or she changes jobs/employers.
- All members are assigned to one of five geographic regions: Mid-Atlantic, North Atlantic, North Central, Pacific, or Southern.

INDIVIDUAL MEMBERSHIP \$345 USD

Choose this membership if you want an individual membership.

RETIRED MEMBERSHIP \$75 USD

Choose this membership only if you fit the following criteria:

- (1) You are 65 years of age or older, and
- (2) You are no longer employed full time.

Save money! Multiple memberships can be purchased at a discount. Use the Application for Group Membership, or contact SCUP Member Services at 734.764.2016 or membership@scup.org for more information.

3 TELL US ABOUT YOURSELF

Please help us to understand and serve our members better. The information gathered below will be used to provide you with personalized information about SCUP benefits and events and will be analyzed only in aggregate.

A. Please share your reasons for joining SCUP: _____

B. If you are employed, what types of planning do you do in your current position, if any? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Faculty member (research, teaching) | <input type="checkbox"/> Financial planning (budget/fiscal) | <input type="checkbox"/> Residential life planning |
| <input type="checkbox"/> Academic planning | <input type="checkbox"/> Institutional research | <input type="checkbox"/> Space management planning |
| <input type="checkbox"/> Campus/master planning | <input type="checkbox"/> IT or technology planning | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Capital planning | <input type="checkbox"/> Learning spaces planning | <input type="checkbox"/> Student housing planning |
| <input type="checkbox"/> Community relations (town/gown) | <input type="checkbox"/> Open spaces/landscape planning | <input type="checkbox"/> Student services planning |
| <input type="checkbox"/> Emergency planning | <input type="checkbox"/> Parking/transportation planning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Enrollment management | <input type="checkbox"/> Policy & governance | <input type="checkbox"/> I do not do planning in my current position. |
| <input type="checkbox"/> Facility planning | <input type="checkbox"/> Recreational facilities planning | |

C. From the list above, please tell us the ONE planning responsibility that most occupies your time:

(The answers to items D–E and I–K below will not be published.)

D. Birth year: _____

E. Gender:

- Male Female

F. Highest educational degree attained:

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Master's | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Doctorate | |

G. In what discipline is your highest degree?

- | | | |
|---|--|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Higher education administration | <input type="checkbox"/> Urban design or planning |
| <input type="checkbox"/> Business | <input type="checkbox"/> Landscape architecture | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education administration | <input type="checkbox"/> Public administration | |

H. What certifications or licenses requiring continuing education do you presently hold?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Architect's license | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Certified Public Accountant (CPA) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape architect's license | <input type="checkbox"/> Other: _____ |

I. Please indicate the certifying body(ies) for these continuing education units:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> American Institute of Architects (AIA) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National Association of State Boards of Accountancy (NASBA) | |

J. What other associations do you belong to? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Educational Research Association (AERA) | <input type="checkbox"/> Association of University Architects (AUA) |
| <input type="checkbox"/> American Institute of Architects (AIA) | <input type="checkbox"/> APPA: Leadership in Educational Facilities (APPA) |
| <input type="checkbox"/> American Planning Association (APA) | <input type="checkbox"/> EDUCAUSE |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA) | <input type="checkbox"/> National Association of College and University Business Officers (NACUBO) |
| <input type="checkbox"/> Association for the Advancement of Sustainability in Higher Education (AASHE) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Association for Institutional Research (AIR) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Association for the Study of Higher Education (ASHE) | <input type="checkbox"/> Other: _____ |

K. Salary range (in US dollars):

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$30,000 | <input type="checkbox"/> \$75,000–\$99,999 | <input type="checkbox"/> \$125,000–\$149,999 |
| <input type="checkbox"/> \$30,000–\$49,999 | <input type="checkbox"/> \$100,000–\$124,999 | <input type="checkbox"/> \$150,000 and above |
| <input type="checkbox"/> \$50,000–\$74,999 | | |

4 TELL US ABOUT YOUR EMPLOYER

If you are not currently employed, please skip to Part 5.

A. I work for a: (Choose one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Higher education institution | <input type="checkbox"/> State government agency | <input type="checkbox"/> Non-profit organization |
| <input type="checkbox"/> Federal government agency | <input type="checkbox"/> Foundation | <input type="checkbox"/> Not-for-profit organization |
| <input type="checkbox"/> Accrediting agency | <input type="checkbox"/> Systems office | <input type="checkbox"/> For-profit business |
| <input type="checkbox"/> Governing board | <input type="checkbox"/> Local government agency | |

B. If you work for a college or university, please answer this question:

Degree-granting status: (Check all that apply)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Doctoral | <input type="checkbox"/> Public |
| <input type="checkbox"/> Master's | <input type="checkbox"/> Private |
| <input type="checkbox"/> Baccalaureate | |
| <input type="checkbox"/> Associate's | |
| <input type="checkbox"/> Minority-serving (e.g., HBCU, HSI, Tribal College) | |
| <input type="checkbox"/> Special focus (e.g., seminary, military, technical) | |
| <input type="checkbox"/> Faith-based or religiously affiliated | |
| <input type="checkbox"/> Other: _____ | |

C. If you work for a for-profit business, please answer this question:

What services does your firm provide? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Housing | <input type="checkbox"/> Performing arts |
| <input type="checkbox"/> Acoustics | <input type="checkbox"/> Interiors | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Laboratories/health care | <input type="checkbox"/> Scheduling/classroom design |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Landscape architecture | <input type="checkbox"/> Site furnishings |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Life safety | <input type="checkbox"/> Space management |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sports/athletics |
| <input type="checkbox"/> Estimating/costing | <input type="checkbox"/> Master planning | <input type="checkbox"/> Strategic consulting |
| <input type="checkbox"/> Facilities management | <input type="checkbox"/> Media | <input type="checkbox"/> Technology/information management |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Parking/transportation | <input type="checkbox"/> Wayfinding/signage/graphics |
| <input type="checkbox"/> Furnishings | <input type="checkbox"/> Parks/recreation | <input type="checkbox"/> Other: _____ |

5 MISCELLANEOUS INFORMATION

A. How did you hear about SCUP? (Choose one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Postcard | <input type="checkbox"/> SCUP Planning Institute |
| <input type="checkbox"/> Annual, international conference | <input type="checkbox"/> Regional conference/event | <input type="checkbox"/> SCUP website |
| <input type="checkbox"/> Book | <input type="checkbox"/> SCUP Alert | <input type="checkbox"/> <i>Trends in Higher Education</i> |
| <input type="checkbox"/> Booth | <input type="checkbox"/> SCUP Award | <input type="checkbox"/> Webcast |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> <i>SCUP Email News</i> | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Membership brochure | <input type="checkbox"/> <i>SCUP Member News</i> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> <i>Planning for Higher Education</i> journal | | |

B. I have read the SCUP Culture Statement and Guidelines found at www.scup.org/page/membership/culture:

- Yes No

6 PAYMENT INFORMATION (FEIN 38-6147432)

Total Amount Remitted in USD: \$ _____

Credit card payments are required for international members.

Please choose a payment method:

1 Check

[Check enclosed; make payable to SCUP. Funds must be in US dollars and drawn on a US bank.]

2 Purchase Order Number: _____

SCUP's Purchase Order Policy: The society accepts institutional purchase orders for conference registrations, membership dues, and product purchases. Institutions wishing to pay with a purchase order must fax a copy of the purchase order to the SCUP office at 734.527.6069 or include it with the mailed registration, order form, or membership application before the order will be processed. Purchase Orders are only accepted from higher education institutions. All other organizations must pay with a credit card or check.

3 Credit Card

MasterCard Visa American Express

Card Number: _____

CSC (Card Security Code): _____

(The CSC is the 3- or 4-digit code located on the back of MasterCard or Visa cards, and on the front of American Express cards.)

Card Expiration Date: _____

Name on Card *(Please print)*: _____

Signature: _____

(If filling in form on screen, omit signature.)

You may fill in this application form on screen, save it, and email it to Member Services at membership@scup.org. Or, print the form, fill it in, and fax it to 734.527.6069.

THANK YOU FOR JOINING SCUP!

Your membership will become active upon receipt and processing of payment.

Please allow SCUP five business days to complete the application process.

Visit the My SCUP area of the website to update your contact and demographic information, access member-only benefits, and set your communication preferences.

In an effort to be more sustainable, SCUP's primary vehicle for communications is email; please add communications@scup.org to your address book to ensure you receive updates and other important information from us.

Thank you again for becoming part of the community of higher education planners from across campus and around the world!



Society for College and University Planning

INTEGRATED PLANNING FOR HIGHER EDUCATION

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734.764.2000 | www.scup.org