NAFSA MEMBERSHIP APPLICATION

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| Annual Membership Categories Please check ONE | Fax (credit card payments only) or mail completed form with appropriate payment to: NAFSA Membership Department, PO Box 79159, Baltimore, MD 21279-0159 ■ Fax 1.202.737.3657 |
|---|--|
| ☐ New Member* | |
| □ Individual | MEMBERCHIR TERM IS ONE VEAD. 12 MONTHS FROM START OF MEMBERCHIR |
| ☐ International Member | MEMBERSHIP TERM IS ONE YEAR — 12 MONTHS FROM START OF MEMBERSHIP |
| ☐ Retired Professional | Please type or clearly print your information below. |
| □ Student\$99 | Trouble type of dicarry printe your information botom |
| * New Member status is a one-year membership available to individuals who have never | |
| peen a member of NAFSA. Also available to Student Members who have completed their education and are entering the field.) | NAME |
| Primary interest: | |
| Check ONLY one | TITLE (AFFIAG |
| ☐ Education Abroad | TITLE/OFFICE |
| ☐ International Education Leadership | |
| ☐ International Enrollment Management | INSTITUTION/AGENCY/ORGANIZATION |
| ☐ International Student and Scholar Services | |
| ☐ Teaching, Learning, and Scholarship | MALLING ADDDECC |
| Scope of responsibility: | MAILING ADDRESS |
| Check ONE that applies | |
| ☐ I lead the entire organization or institution | MAILING ADDRESS |
| ☐ I lead two or more departments or divisions | |
| ☐ Head one department or division | CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY |
| ☐ I am a one-person office | CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY |
| ☐ I do not currently lead a department or division | |
| | TELEPHONE FAX |
| Number of people I directly supervise | |
| 5 Professional position most closely resembles current responsibilities: | EMAIL |
| Check ONE that applies | Dues Payment: |
| ☐ Administrative Professional | Please return application with the appropriate payment. Purchase orders |
| □ CEO | |
| ☐ Chancellor | are not accepted. |
| ☐ Consultant | Membership Dues \$ |
| □ Dean | |
| ☐ Associate Dean | TOTAL \$ |
| ■ Executive Director | 101AL Ψ |
| ☐ President | |
| ☐ Vice President | Method of Dayment |
| ☐ Principal | Method of Payment |
| ☐ Provost | ☐ Check enclosed payable to NAFSA . Check # |
| ☐ Associate Provost | (Checks must be in U.S. dollars drawn on a U.S. bank) |
| □ Rector | |
| ☐ Retiree | ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover |
| ☐ Student | |
| ☐ Service Provider | CARD ACCOUNT # SECURITY CODE EXPIRATION DATE |
| ☐ Student Adviser | |
| Other: | CARRUOI DER MAME PRINTER |
| I am a senior international officer | CARDHOLDER NAME, PRINTED |
| ☐ Yes | |
| □ No | SIGNATURE |
| Professional focus | NAFSA is compliant with privacy regulations including CAN-SPAM, CASL, and GDPR. |
| Check ONE that applies | Please review NAFSA's updated Privacy Policy and update your Communication |
| ☐ Direct Service : Provide service directly to students and scholars | Preferences in My NAFSA at www.nafsa.org to receive communications that matter to you. |
| ☐ Management: Oversee the operation of a unit related to international education | |
| □ Strategy/Policy: Establish, update, and approve the policies and | NAFSA invites the membership of individuals who do not practice discrimination on the basis of race, religion, political persuasion, national origin, immigration status, ethnicity, disability, |

Other

strategy for achieving the goals and mission of international

☐ Academic: Teaching and learning; curriculum development

education within an institution

gender, age, marital status, sexual identity, or sexual orientation. Application for membership

signifies acceptance of the NAFSA Statement of Ethical Principles. The NAFSA Statement of

Ethical Principles may be viewed at www.nafsa.org/ethics.