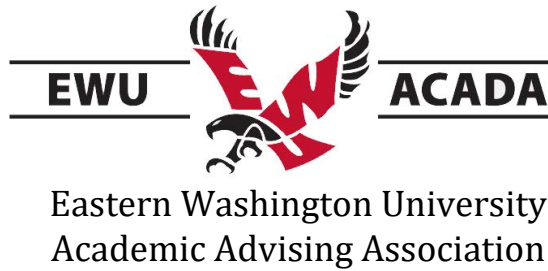


Membership Type:

- ☐ Staff/Administrator (\$20)
- ☐ Faculty (\$20)
- ☐ Graduate Student
(Dues Complimentary)
- ☐ Undergraduate Student
(Dues Complimentary)



2017-18 Membership Application

Member Information

Date: _____

Name: _____
Last First M.I.

EWUID: _____

- ☐ I am renewing my membership and my information has not changed.

Title: _____ Department: _____

Campus: _____ Office Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Are you currently a NACADA member? ☐ Yes ☐ No Check it out: www.nacada.ksu.edu

Please complete and return the membership application with a check or cash (\$20), made payable to **EWU Foundation** to:

Robert Riedel, Treasurer
201 Cadet Hall, EWU
Cheney, WA 99004

For membership payment via Foundation transfer, our Foundation account is 97008, EWU ACADA.

If you have additional EWU ACADA membership questions, please email ewuacada@ewu.edu.

For Office Use Only

Treasurer Initial _____
Chk #/Amt _____
Date _____
Mem Chair _____
Date _____