

Associate Membership Application 2021/22

Membership year runs from July 1-June 30 or on a calendar year - whichever you prefer.

Associate members are individuals who have dedicated their careers to the sector and are now fully retired or removed from the sector. Previous experience within the sector is inclusive of education institutions and allied partnering companies. An Associate member must not own, control, or operate private postsecondary institutions or individual companies providing products, services or consulting to private sector colleges and universities.

Membership is restricted to a select group of individuals who add value to CECU events based on their institutional knowledge of both the sector and the association.

Important: Please complete ALL information requested below.

Name (Dr. Mr. Mrs. Ms.)

Informal name

Title

Address

City, State, Zip

Phone

Fax

E-mail

Website

I agree that all information provided on this application is accurate and complete. Furthermore, I agree to withdraw my membership if CECU determines that my membership is not consistent with CECU's ethics and standards.

Authorized Signature _____ **Date** _____

Do Not Write Below This Line- Internal Use

The CECU Board of Directors voted to approve Associate Membership for this applicant.

Date _____

CECU President/CEO Signature _____

Your Description:

Provide us with a short description, using **50-70 words** (below or attach to this application) of your previous work and affiliation with the career education sector.

Check only the appropriate box(es) to designate your expertise in the sector. (Check no more than 5 areas of interest)

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> e-Learning / Distance Education | <input type="checkbox"/> Mergers & Acquisitions |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Employee Assessment | <input type="checkbox"/> Private Equity |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Employment | <input type="checkbox"/> Promotion and Recognition Items |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Real Estate Services |
| <input type="checkbox"/> Bookstores | <input type="checkbox"/> Furniture | <input type="checkbox"/> Receivables management |
| <input type="checkbox"/> Campus Services | <input type="checkbox"/> Information Technology Solutions | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Certification | <input type="checkbox"/> Insurance | <input type="checkbox"/> Research |
| <input type="checkbox"/> Certified Public Accountants | <input type="checkbox"/> Investment Banking | <input type="checkbox"/> Retention |
| <input type="checkbox"/> Collection Services | <input type="checkbox"/> Investment Management | <input type="checkbox"/> Software |
| <input type="checkbox"/> Compliance & Ethics | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Student Housing/ Campus Housing |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Library Service | <input type="checkbox"/> Testing/Tools/Equipment |
| <input type="checkbox"/> Default Management | <input type="checkbox"/> Management Search | <input type="checkbox"/> Training Providers |
| <input type="checkbox"/> Education Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Tuition Financing |
| <input type="checkbox"/> Educational Training Materials | <input type="checkbox"/> Media | |
| | <input type="checkbox"/> Medical Services | |

1. Do you own/invest in postsecondary institutions? **Y/N** (If No, skip 2 and 3)

2. If Yes, are all eligible institutions in which your company owns/invests members of CECU? **Y/N**

3. If No, which institutions are not currently members of CECU? (please list)

Payment Options Form

*CECU's membership year runs from July 1-June 30 or
on a calendar basis whichever you prefer*

CECU Associate Membership Dues are \$750/year

Designate your method of payment

My check for \$_____ is enclosed **or**

Please charge \$_____ to my credit card Amex Visa MasterCard

Account No. _____ Exp. Date _____ CVV _____

Cardholder Signature (required) _____

Print Name _____

Dues paid to CECU are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed by Section 162(e) of the tax code as a result of association lobbying activities. **The non-deductible portion of your dues allocable to lobbying is 11%.**

Credit Card Billing Address: (if different from the information on page 1)

Contact

Address

City, State, Zip

Phone

Fax

Email

Mail or fax this application to:

Career Education Colleges and Universities (CECU)

Attention: Membership Department

1530 Wilson Blvd, Suite 1050

Arlington, VA 22209

Fax: 866-363-2181