

## CECU Education Membership Application

2021 - 2022

Thank you for your interest in CECU and becoming an Education Member. Please complete the fields below to submit your application. Upon approval, CECU staff will be in contact to collect additional contact information so you can make the most of your membership.

### **Corporate Office/ Main Campus Information**

Company/Institution Name:

Address:

City:

State:

Zip:

Total Number of Campuses:

Ownership Type:      Family Owned      Private Equity Owned      Publicly Traded      Other

If Private equity owned, please list firm name(s):

If other, please explain:

IPEDS #:

OPEID#:

Accrediting Agency:

### **Executive Contact Information – President, CEO, Owner**

(Dr. Mr. Ms. Mrs.) First Name:

Last Name:

Title:

Email:

Phone:

### **Member Dues**

Combined Gross Tuition Revenue:

*(Required for dues calculation. This information will be kept confidential. CECU Member dues are based on total gross tuition revenue of all campuses. CECU bylaws require that all institutions under common ownership or control must become members if one of the institutions joins.)*

*I hereby certify that all schools under common ownership or control have been included in these membership forms and that the above information is true and correct to the best of my knowledge. I agree that my institution is required to abide by the ethics and standards as set out in CECU's Code of Conduct. Furthermore, I agree to withdraw my institution's membership if CECU determines that my institution's membership is not consistent with CECU's ethics and standards.*

**Authorized Signature:**

**Date:**