

Please indicate which agency or agencies accredit(s) your institution(s).

**NATIONAL ACCREDITING AGENCIES**

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Council for Independent Colleges & Schools (ACICS)
- Accrediting Council for Continuing Education & Training (ACCET)
- Accrediting Commission of Career Schools & Colleges (ACCSC)
- Council on Occupational Education (COE)
- Distance Education Accrediting Commission (DEAC)
- National Accrediting Commission of Cosmetology Arts & Science (NACCAS)

**REGIONAL ACCREDITING AGENCIES**

- The Higher Learning Commission
- Middle States Association of Colleges and Schools (MSA)
- New England Association of Schools and Colleges (NEASE)
- North Central Association of Colleges and Schools (NCACS)
- Southern Association of Colleges and Schools (SACS)
- Western Association of Schools and Colleges (WASC)

According to CECU Bylaws, all education members must be accredited by a national or regional accreditation agency.

Please complete the following for your primary corporate office.

◆ Please list the name of the President, CEO, or Owner of your institution.

(Dr. Mr. Ms. Mrs.) First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Informal Name \_\_\_\_\_

Institution Name / Corporate Name \_\_\_\_\_

Corporate Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Please list your total number of campuses \_\_\_\_\_

◆ Please list the name of the Key Contact for your institution.

*Key Contact will receive all mailings from CECU unless otherwise stated. If there is someone at your corporate office in addition to the key contact listed above who should receive CECU communications, please include their complete name, title, and email address below. There is no limit to the number of contacts you may include. Please print. NAME, TITLE, and EMAIL are required:*

\_\_\_\_\_

\_\_\_\_\_

◆ Ownership Type (Please circle): Family Owned Private Equity Owned Publicly Traded Other

If Private Equity Owned, please list firm name(s): \_\_\_\_\_

If Other, please explain: \_\_\_\_\_

◆ Designated Delegate \_\_\_\_\_

(Authorized person to vote for the institution during official CECU elections. Voting announcements are sent via email and/or USPS mail.)

(Dr. Mr. Ms. Mrs.) First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Delegate Email \_\_\_\_\_

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 \_\_\_\_\_

**IMPORTANT:** CECU Member dues are based on total gross tuition revenue of all campuses as defined on pg.3. Please calculate your institution's dues by using the Dues Calculation Table included in this application. **CECU bylaws require that all institutions under common ownership or control must become members if one of the institutions joins.** If you have any questions about completing the application form, please contact the CECU at 571-970-3941.

# CAMPUS INFORMATION FORM

Please complete the following for each campus location (make copies as needed).

Total Number of Campuses \_\_\_\_\_

Campus President or Primary Contact for this location:

(Dr. Mr. Ms. Mrs.) First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Informal Name \_\_\_\_\_

Institution Name \_\_\_\_\_ IPEDS# \_\_\_\_\_ OPE ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Additional personnel for this campus (NAME, TITLE, and EMAIL are required): \_\_\_\_\_

Campus President or Primary Contact for this location:

(Dr. Mr. Ms. Mrs.) First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Informal Name \_\_\_\_\_

Institution Name \_\_\_\_\_ IPEDS# \_\_\_\_\_ OPE ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Additional personnel for this campus (NAME, TITLE, and EMAIL are required): \_\_\_\_\_

Campus President or Primary Contact for this location:

(Dr. Mr. Ms. Mrs.) First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Informal Name \_\_\_\_\_

Institution Name \_\_\_\_\_ IPEDS# \_\_\_\_\_ OPE ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Additional personnel for this campus (NAME, TITLE, and EMAIL are required): \_\_\_\_\_

Communication Preferences: Campus personnel listed above will automatically be signed up to receive member emails unless otherwise stated. Communications include free webinars, surveys, important policy updates, sector news, and upcoming events. Individuals can opt out of receiving emails once signed up. If you wish to limit the communications, please check the appropriate box below:

Exclude from all mail \_\_\_\_\_ Exclude from email only \_\_\_\_\_ Exclude from all contact \_\_\_\_\_

\*\*\*If you select "Exclude from all contact" please indicate who we may contact for campus information

Please continue to the next page...

## CECU DUES CALCULATION TABLE 2018-2019

### I. IF YOUR COMBINED GROSS TUITION IS:

COMBINED GROSS TUITION – ALL CAMPUSES	DUES AMOUNT
Up to \$499,999	\$750
\$500,000 to \$799,999	\$1,200
\$800,000 to \$1,199,999	\$1,800
\$1,200,000 to \$1,799,999	\$2,700
\$1,800,000 to \$2,999,999	\$4,500
\$3,000,000 to \$4,999,999	\$6,390
\$5,000,000 to \$7,999,999	\$7,254
\$8,000,000 to \$11,999,999	\$8,136
\$12,000,000 to \$14,999,999	\$10,809
\$15,000,000 to \$17,999,999	\$11,412
\$18,000,000 to \$21,999,999	\$12,456
\$22,000,000 to \$25,999,999	\$13,455
\$26,000,000 to \$29,999,999	\$16,263
\$30,000,000 to \$34,999,999	\$19,008
\$35,000,000 to \$40,999,999	\$22,113
\$41,000,000 to \$47,999,999	\$25,578
\$48,000,000 to \$55,999,999	\$31,392
\$56,000,000 to \$64,999,999	\$36,189
\$65,000,000 to \$74,999,999	\$47,295
\$75,000,000 to \$86,999,999	\$58,257
\$87,000,000 to \$99,999,999	\$69,804
\$100,000,000 to \$149,999,999	\$96,111
\$150,000,000 to \$199,999,999	\$128,142
\$200,000,000 to \$299,999,999	\$160,182
\$300,000,000 to \$399,999,999	\$192,213
\$400,000,000 to \$499,999,999	\$224,253
\$500,000,000 to \$599,999,999	\$256,284
\$600,000,000 to \$699,999,999	\$288,324
\$700,000,000 to \$799,999,999	\$320,355
\$800,000,000 to \$899,999,999	\$352,395
\$900,000,000 to \$999,999,999	\$384,426
\$1,000,000,000 Or more	\$421,038

**Line 1** Enter your Combined Gross Tuition Revenue (*Required for dues calculation. This information will be kept confidential.*) \$ \_\_\_\_\_

Gross tuition is all revenues and fees that relate directly to academic teaching or instruction including all fees related to instruction which may consist of lab fees, books or other learning materials provided by the school as part of a student's academic program. All revenues that contribute to the payment of such fees – Title IV grants and loans, private loans, scholarships, and private payments shall be counted to the degree they cover tuition as defined above; but not as they relate to coverage of other costs such as student living expenses. Gross tuition does not include charges for student housing, student benefits such as insurance, or parking, or student activities.

**Line 2** Find your Combined Gross Tuition category in the left column above. \$ \_\_\_\_\_

**Enter Dues Amount (from right column listed above).**  
**This is your CECU Membership Dues Amount.**

\$ \_\_\_\_\_

**Line 3** **GRAND TOTAL** Amount from **line (2)** \$ \_\_\_\_\_

# PAYMENT INFORMATION

## Payment Options

Payment Type:      Check                  Credit Card   

Please make your check payable to CECU and mail it along with this form to:

CECU- Membership  
1530 Wilson Blvd, Ste 1050  
Arlington, VA 22209

CECU incurs a fee for every credit card transaction. We encourage payment by check if possible. If you are using a credit card, please complete your application and the credit card information below and send it through our secure **fax line to 571-970-6753**

Select Credit Card Type: Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_      Charge Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

### YOUR CECU MEMBERSHIP RUNS FROM JULY 1 – JUNE 30.

Please list the contact person on your staff to whom future renewal invoices should be sent:

Billing Contact Name (Dr. Mr. Ms. Mrs.) \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For more information or questions please contact CECU at 571-970-3941. Due to processing constraints, we are unable to offer monthly billing options. 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 2018/2019 dues allocable to lobbying is 11%.

# Career Education Colleges and Universities

1530 Wilson Blvd, Ste 1050, Arlington, VA 22209 • Phone: 571-970-3941 • Fax: 571-970-6753 • Email: [membership@career.org](mailto:membership@career.org)