

# ACAD

## AMERICAN CONFERENCE OF ACADEMIC DEANS

### *Give the gift of ACAD membership.*

Please complete the form below and return to Laura Rzepka at [info@acad.org](mailto:info@acad.org) or fax 202-265-9532.

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address Line 1: \_\_\_\_\_

Business Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal code: \_\_\_\_\_

#### YOUR INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

#### PAYMENT INFORMATION — *\$115.00 gives the gift of ACAD for 1 year*

Please enclose a check for \$115.00 payable to ACAD or we accept:  Visa  MasterCard  American Express

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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