



Individual Membership Application

Membership is for one year (May 1, 2016 - April 30, 2017)

Please check the appropriate membership box

Faculty/Professional membership (\$20 membership fee)

Graduate Student Membership (\$10 membership fee)

Date: _____

First Name: _____ Last Name: _____

Email Address: _____ Institution: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Contact Phone Number: _____

May we include your name, institution, title and email address
in our member listing on our webpage and in other publications? Yes No

Please complete the demographic information below:

Role	Highest Degree	Years Advising
Academic Advisor/ Counselor	Bachelor	Less than 1 year
Advising Administrator	Master's	1-3 years
Faculty Advisor	Doctorate	3-5 years
Graduate Student	Other: please list _____	5-10 years
Other: please list _____		10-15 years
		15 years or more
Areas of Advising (circle all that apply)		FLACADA Connection Groups (circle all that you are interested in)
Administration	Education	Law
Agriculture	Engineering	Natural Sciences
Allied Health Medicine	Fine Arts	Pharmacy
Architecture	General Arts/Sciences	Pre-Professional Programs
Business	Health/Human	Social Sciences
Computer Science	Services	Undecided/Exploratory
Other (please list):		

Please mail completed applications with check payable to FLACADA to:
FLACADA C/O Helen Gonzalez, 11200 SW 8 ST, SAAC105A, Miami, FL 33199