



2008-2009 Membership Renewal

Membership Term: July 1-June 30

Amount enclosed:

- \$300.00 (by 09/15/2008)
 \$350.00 (after 9/15/2008)

Remit payment or copy of PO with completed & signed application by September 15, 2008 to:

Minnesota Association of Counselors of Color
 Attn: Jillian Hiscock, Membership Chair
 College of Saint Benedict
 37 South College Avenue
 St. Joseph, MN 56374
 Fax: 320.363.5010

Questions? Contact: Jillian Hiscock, jhiscock@csbsju.edu or 320.363.5043

MnACC Mission
 MnACC is a non-profit organization that promotes educational opportunities for students of color in Minnesota and supports professionals of color working in higher education. The organization's primary goal is to increase the number of college-bound students of color.

MnACC Code of Ethics

1. Agree to the "Statement of Principles of Good Practice" in the *National Association of College Admission Counselors*. The SPGP can be found at <http://www.nacacnet.org/MemberPortal/AboutNACAC/Policies>.
2. Agree to participate in MnACC scheduled college fairs, attend MnACC general meetings, and other events coordinated by MnACC.
3. Agree to provide nonbiased educational counseling to all prospective students.
4. Agree to professionally represent MnACC in local, regional and national events if possible.
5. Agree to promote MnACC membership.
6. Agree to seek professional and financial opportunities to promote MnACC.

Institutional Information

Institution _____ Web site _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Toll-free _____
 Are you regionally accredited through the Higher Learning Commission (HLC)? Yes No*
 Please check all that apply: 2-yr 4-yr Public Private
 Non-Profit For-Profit* Organization*

**If your organization, for-profit or non-regionally accredited institution has previously been approved by the Executive Board, your membership will be renewed unless, upon review, significant institutional changes have occurred that are not consistent with or support MnACC's mission.*

Primary MnACC Representative:

Name _____ Title _____
 Department _____ Area of Specialization _____
 E-mail _____ Telephone _____

If multi-lingual, which language(s): _____

Supervisor of Primary MnACC Representative (required):

Name _____ Title _____
 E-mail _____ Telephone _____

Signing below indicates that I have read and agree to the organizations by-laws which include the mission statement, identity, membership and code of ethics. (See MnACC by-laws on-line at www.mnacc.org.) I will be responsible for informing all of my members who will attend any of the MnACC sponsored events of their expected conduct and responsibilities provided in the code of ethics and college fair regulations. **I understand that the supervisor of the primary MnACC Representative will be contacted if our member(s) does not abide by the code of ethics and college fair regulations.** Misconduct by our member(s) could lead to our institution being banned from future MnACC events.

 Supervisor of Primary Representative

 Date

 Primary Representative Signature

 Date



**2008-2009
ADD/CHANGE REQUEST FORM**

Submit form to : Minnesota Association of Counselors of Color
 Attn: Jillian Hiscock, Membership Chair
 College of Saint Benedict
 37 South College Avenue
 St. Joseph, MN 56374
 Fax: 320.363.5010
 Email: jhiscock@cbsbsju.edu

Institutional Information

Institution _____ Web site _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Toll-free _____

Name of person making change request

Phone _____ E-mail _____

Date of Request _____

Add Member _____ **Delete Member** _____ **(Please check one)**

Name _____ Title _____
 Department _____ Area of Specialization _____
 E-mail _____ Telephone _____

If multi-lingual, which language(s):

Mailing address same as institutional address

Different mailing address: Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Add Member _____ **Delete Member** _____ **(Please check one)**

Name _____ Title _____
 Department _____ Area of Specialization _____
 E-mail _____ Telephone _____

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Mailing address same as institutional address

Different mailing address: Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

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