



## **2008-2009 Request for Membership**

Membership Term: July 1-June 30

**Membership fee: \$300.00**

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

**Questions? Contact:** Jillian Hiscock at [jhiscock@csbsiu.edu](mailto:jhiscock@csbsiu.edu) or 320.363.5043

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

### **MnACC membership is defined as follows:**

Any institution of higher education, public, private and non-profit, that is regionally accredited or an organization operating within a college or university setting that provides higher educational services to students and supports the mission of MnACC. Organizations must be approved for membership by the executive board. *If membership is not accepted, a refund of the payment will be made.*

#### **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\*

*\* Membership for organizations and for-profit or non-regionally accredited institutions is subject to approval by the Executive Board.*

#### **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 \_\_\_\_\_



## 2008-2009 Request for Membership (cont'd)

Membership Term: July 1-June 30

### Additional Representatives

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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](http://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, named above, being banned from future MnACC events.

\_\_\_\_\_  
*Supervisor of Primary MnACC Representative*      *Date*      \_\_\_\_\_  
*Primary Representative Signature*      *Date*

\_\_\_\_\_  
*Additional Representative 1 Signature*      *Date*      \_\_\_\_\_  
*Additional Representative 2 Signature*      *Date*

**Note: Additional Representatives may be added by completing the Request for Add/Change Request Form.**



# 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@csbsju.edu](mailto:jhiscock@csbsju.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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State \_\_\_\_\_

Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Add Member** \_\_\_\_\_ **Delete Member** \_\_\_\_\_ **(Please check one)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_ Area of Specialization \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

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State \_\_\_\_\_

Zip \_\_\_\_\_

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

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**Add Member** \_\_\_\_\_ **Delete Member** \_\_\_\_\_ **(Please check one)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_ Area of Specialization \_\_\_\_\_  
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