



## 2007-2008 Request for Membership

Membership Term: July 1-June 30

Membership fee: \$300.00

**Questions contact:**  
Ann Hanson, [hansonah@mnstate.edu](mailto:hansonah@mnstate.edu)  
Office: 952-226-1055  
Cell: 701-361-8562

**Remit payment or copy of PO with completed & signed 2-pg application to:**

Minnesota Association of Counselors of Color  
Attn: Ann Hanson, Membership Chair  
PO Box 27, Prior Lake, MN 55372

**In July, 2007, members of MnACC voted for a select definition of membership for the best interest of the students we serve. Effective for 2007-2008, the current definition of membership is 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.*

### **Person in charge of recruitment/admissions:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 E-mail \_\_\_\_\_ Direct Phone \_\_\_\_\_  
 Will this person be the institution's principal representative?  Yes  No

**If no**, name of person who will serve as the primary representative to whom all MnACC mailings and information should be sent:

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

If multi-lingual, which language(s): \_\_\_\_\_



## **2007-2008 Request for Membership (cont'd)**

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### **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

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

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. 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 person in charge of admissions at my institution 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.

**\*Complete MnACC Organizational By-laws available on-line at [www.mnacc.org](http://www.mnacc.org)**

\_\_\_\_\_  
*Signature of Dean or Director of Admissions*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Primary Person's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Additional Representative 1*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Additional Representative 2*

\_\_\_\_\_  
*Date*

**Note: Additional Representatives may be added by completing the Request for Additional Members Form.**