



2007-2008 Membership Renewal

Membership Term: July 1-June 30

Amount enclosed:

- \$300.00 (by 09/15/2007)
 \$350.00 (after 9/15/2007)

Submit payment or copy of PO with completed & signed application by September 15, 2007 to:

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

Questions contact: Ann Hanson,
hansonah@mnstate.edu, 952-226-1055

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

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): _____

***Please see next page to add additional persons to your institutional membership.**

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**

 Signature of Dean or Director of Admissions Date Primary Person's Signature Date



2007-2008
REQUEST TO ADD INDIVIDUALS
TO INSTITUTIONAL MEMBERSHIP

Submit this form to:

Minnesota Association of Counselors of Color
 Attn: Ann Hanson, Membership Chair
 PO Box 27, Prior Lake, MN 55372
 Email: hansonah@mnstate.edu

Institutional Information

Institution	Web site		
Address	City	State	ZIP
Phone	Fax	Toll-free	

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	

Signature	Date
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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	

Signature	Date
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