



THANK YOU FOR YOUR MEMBERSHIP!

AGB Membership provides member benefits and services to all voting members of your governing board and nine staff members of the institution. Two of the staff members must be the chief executive and the board professional or staff liaison to the board. Use the back of this form to provide this required information.

AGB provides additional services for individuals who serve as chairs or members for the following committees: academic affairs; audit; development; enrollment management; executive; facilities; finance; governance; investment/endowment; information technology; and student affairs/services. Descriptions can be found at www.agb.org/committees.

Eligibility: Institutions must be accredited (or be candidates for accreditation) by a regional agency recognized by the Council for Higher Education Accreditation (CHEA). Institutional members of AGB are primarily the governing boards of degree-granting universities and colleges, professional schools, and seminaries and theological schools. More details can be found at www.agb.org/eligibility.

In addition to this completed form, please send:

- A complete list of board members, including their mailing addresses, email addresses, and committee assignments with chairs noted.*
- A list of your staff, including full names, titles/positions, mailing addresses, and email addresses.*
 - Institutions: A list of the seven (7) additional staff members not included on this application form.
 - Multi-campus or state systems: A complete list of campuses and their chief executives.
- Annual dues payment for the dues rate appropriate to your institution's enrollment (FTE). Please visit www.agb.org/dues to identify your institution's rate. Annual dues invoices for membership renewal will be sent to the chief executive's office unless otherwise instructed.

* AGB respects the privacy of all members. Information provided will be used to fulfill print and electronic member benefits and other membership-related communications only. Member data are not sold or rented to any outside organization.

GOVERNING BOARD

Institution or Organization Name _____

Mailing Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country/Region _____

Telephone _____

Website _____

Please indicate the month of the year your board member transitions occur: _____

FULL-TIME STUDENTS

Institution FTE _____

FTE equals (full-time students for the most recent fall semester/quarter) plus (one-third part-time students)

Application continued on reverse



MEMBERSHIP CATEGORY

- Governing Board of College, University, or University System
- Nongoverning / Institution Advisory Board
- Statewide Planning or Coordinating Board
- Education Association or other Nonprofit Organization

CHECK ONE IN EACH GROUP AS APPROPRIATE

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> 2-Year | <input type="checkbox"/> Public | <input type="checkbox"/> Single-Campus Institution |
| <input type="checkbox"/> 4-Year | <input type="checkbox"/> Private | <input type="checkbox"/> Multi-Campus Institution |
| <input type="checkbox"/> 2-Year and 4-Year | <input type="checkbox"/> Proprietary | <input type="checkbox"/> State System |
| | <input type="checkbox"/> K-12 School | <input type="checkbox"/> Single Campus of State System |

CHIEF EXECUTIVE

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Took office as of _____

PRESIDING OFFICER OF THE BOARD

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Beginning of Term _____ End of Term _____

BOARD PROFESSIONAL / STAFF LIAISON TO THE BOARD

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

PLEASE SUBMIT RENEWAL INVOICE TO

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____