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**ASSOCIATE MEMBERSHIP APPLICATION**

**School / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(include any parent university or organization)*

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**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Representative to NASPAA will be:**

Name: Title:

Phone: Email:

**Secondary contact:**

Name: Title:

Phone: Email:

**Type of Organization**

\_\_\_\_\_ Business

\_\_\_\_\_ Government Agency

\_\_\_\_\_ Nonprofit / Foundation

\_\_\_\_\_ Academic Institution

\_\_\_\_\_ Research or Training Organization

\_\_\_\_\_ Consulting Firm

\_\_\_\_\_ Other

**For Academic Institutions - What Degrees Do You Offer**

\_\_\_Bachelors

\_\_\_Masters

\_\_\_Doctorate

\_\_\_Online Courses/Degrees (Distance Learning)

**Please attach a brief statement (one paragraph is fine) articulating why your organization is interested in becoming a NASPAA Associate Member, and what you expect to get out of your membership.**

**STATEMENT OF AGREEMENT WITH NASPAA’s MISSION**

The organization named above is applying for Associate Membership in NASPAA, the Network of Schools of Public Policy, Affairs, and Administration. NASPAA is the membership organization of programs in public policy, public affairs, public administration, and public & nonprofit management. By applying, **you** **attest that you subscribe to NASPAA’s mission of ensuring excellence in education and training for public service and promoting the ideal of public service**.

As an Associate Member of NASPAA we welcome your participation at NASPAA conferences, meetings, and on any of our listservs.

However, Associate Members cannot become involved in NASPAA governance, seek accreditation, start a Pi Alpha Alpha chapter, use NASPAA Data Center services or access Publicases.

**Principal Representative please initial here: \_\_\_\_\_\_\_\_\_\_**

**► MEMBERSHIP DUES PAYMENT: $600 (US)**

Associate Membership applications will be reviewed, and must be approved, by NASPAA’s Executive Council. Membership dues cover NASPAA’s fiscal year: July 1 through June 30.An invoice will be generated and sent to you after your application is approved. Payment can be made via check, credit card, wire transfer, or PayPal (where allowed).

If this application is approved, NASPAA will list your school/organization on our [website](http://www.naspaa.org/about_naspaa/members/associate/roster.asp) once payment is received. We will require an appropriate logo and link. NASPAA asks that you mention your Associate Membership on your website.

**► SUBMITTED BY:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit to:

**NASPAA Membership**

**1029 Vermont Avenue NW, Suite 1100**

**Washington, DC 20005**

**USA**

[**naspaa@naspaa.org**](mailto:naspaa@naspaa.org)

*Please address membership questions to Stacy Drudy at drudy@naspaa.org*

*updated 2023*