



ASSOCIATE MEMBERSHIP APPLICATION

School / Institution: _____

Mailing Address: _____

Website: _____

Email: _____

Phone: _____ Twitter : _____

Principal Representative to NASPAA will be:

Name: _____ Title: _____

Phone: _____ Email: _____

Secondary contact:

Name: _____ Title: _____

Phone: _____ Email: _____

Type of Organization

Business

Academic Institution

Government Agency

Research or Training Organization

Nonprofit / Foundation

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 institution is interested in becoming a NASPAA Associate Member, and your goals for 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. Associate Members may access all benefits, except for holding a position in NASPAA governance or participating in the Annual Business Meeting.

Please note that, in accordance with the [NASPAA Bylaws](#), Article II, Section 3: *Associate membership shall be open to **academic degree-granting institutions moving towards full membership**, government agencies, corporations, foundations, professional associations, academic institutions offering non-degree programs, independent research or training organizations, and other non-academic organizations that subscribe to the purpose of the Network.*

Approximate date your institution expects to apply for full membership: _____
Must be within one year of being accepted as an associate member.

Principal Representative initial here to show agreement with the statement above: _____

► MEMBERSHIP DUES PAYMENT: \$630 (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 or wire transfer.

If this application is approved, NASPAA will list your school/organization on our website 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 address to:

**NASPAA Membership
1029 Vermont Avenue NW, Suite 1100
Washington, DC 20005
USA**

Submit your application to membership@naspaa.org