



Application for Group Membership

We're delighted that you are joining or renewing your connection to SCUP. We are a community of professionals dedicated to advancing integrated planning in higher education. Please take a moment to complete this application form. Completing the entire application will help us to serve members better.

Today's Date: \_\_\_\_\_

Joining SCUP for the first time

Changing from individual to group membership. SCUP ID(s): \_\_\_\_\_

Renewing our SCUP group membership. Main Contact's SCUP ID: \_\_\_\_\_

Please describe the changes you would like to make to an existing membership, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

About Group Memberships:

- The membership dues rates on this application are in effect July 1, 2009–June 30, 2010. Rates will increase July 1, 2010. Membership begins the month the payment is received for a period of one year, i.e., if your group joins on 2/7/2009, then the membership will expire on 2/28/2010.
- The main contact, who is a member of the group, identifies and approves all group members and will receive all dues notices.
- The organization itself is not the member. Each group membership is a bundle of individual memberships purchased at the same time at a discount. The individuals listed in the group are the members.
- Group memberships are non-refundable; but, unlike regular individual memberships, the bundle of memberships is owned by the organization that purchased them. The organization retains the membership if one of the members leaves the organization. Another employee may then fill the retained membership.
- All members are assigned to one of five geographic regions: Mid-Atlantic, North Atlantic, North Central, Pacific, or Southern.

1 MAIN CONTACT INFORMATION

Please identify a main contact for your group. This member will identify and approve group members and receive the annual dues notice. Please print or type. Your official job title and organization name should not be abbreviated. Please use the version of your organizational name that appears in press releases or the Higher Education Directory®.

Prefix (Mr, Mrs, Ms\*): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ SCUP ID (if known): \_\_\_\_\_

Official Job Title (no abbreviation): \_\_\_\_\_

Department/Office/School (no abbreviation): \_\_\_\_\_

Organization (no abbreviation): \_\_\_\_\_

Address (street address—no PO Box): \_\_\_\_\_

Address(continued): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (country code, if applicable): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's Website: \_\_\_\_\_

\* In the spirit of equality, SCUP has chosen not to use "Dr" as a prefix.

## 2 TELL US ABOUT YOUR MAIN CONTACT

Please help us to understand and serve our members better. The information gathered in these sections will be used to provide you with personalized information about SCUP benefits and events and will be analyzed only in aggregate.

### A. What types of planning do you do in your current position, if any? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Faculty member (research, teaching) | <input type="checkbox"/> Financial planning (budget/fiscal) | <input type="checkbox"/> Residential life planning                    |
| <input type="checkbox"/> Academic planning                   | <input type="checkbox"/> Institutional research             | <input type="checkbox"/> Space management planning                    |
| <input type="checkbox"/> Campus/master planning              | <input type="checkbox"/> IT or technology planning          | <input type="checkbox"/> Strategic planning                           |
| <input type="checkbox"/> Capital planning                    | <input type="checkbox"/> Learning spaces planning           | <input type="checkbox"/> Student housing planning                     |
| <input type="checkbox"/> Community relations (town/gown)     | <input type="checkbox"/> Open spaces/landscape planning     | <input type="checkbox"/> Student services planning                    |
| <input type="checkbox"/> Emergency planning                  | <input type="checkbox"/> Parking/transportation planning    | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Enrollment management               | <input type="checkbox"/> Policy & governance                | <input type="checkbox"/> I do not do planning in my current position. |
| <input type="checkbox"/> Facility planning                   | <input type="checkbox"/> Recreational facilities planning   |   |

### B. From the list above, please tell us the ONE planning responsibility that most occupies your time:

\_\_\_\_\_

*(The answers to items C–D and H–J below will not be published.)*

### C. Birth year: \_\_\_\_\_

### D. Gender:

- Male    Female

### E. Highest educational degree attained:

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Master's  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bachelor's  | <input type="checkbox"/> Doctorate |                                       |

### F. In what discipline is your highest degree?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Architecture             | <input type="checkbox"/> Higher education administration | <input type="checkbox"/> Urban design or planning |
| <input type="checkbox"/> Business                 | <input type="checkbox"/> Landscape architecture          | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Education administration | <input type="checkbox"/> Public administration           |   |

### G. What certifications or licenses requiring continuing education do you presently hold?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Architect's license                             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Certified Public Accountant (CPA)               | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape architect's license                   | <input type="checkbox"/> Other: _____ |

### H. Please indicate the certifying body(ies) for these continuing education units:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> American Institute of Architects (AIA)                      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP)             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA)             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National Association of State Boards of Accountancy (NASBA) |                                       |

### I. What other associations do you belong to? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> American Educational Research Association (AERA)                              | <input type="checkbox"/> Association of University Architects (AUA)                                |
| <input type="checkbox"/> American Institute of Architects (AIA)  | <input type="checkbox"/> APPA: Leadership in Educational Facilities (APPA)                         |
| <input type="checkbox"/> American Planning Association (APA)   | <input type="checkbox"/> EDUCAUSE  |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA)                               | <input type="checkbox"/> National Association of College and University Business Officers (NACUBO) |
| <input type="checkbox"/> Association for the Advancement of Sustainability in Higher Education (AASHE) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Association for Institutional Research (AIR)                                  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Association for the Study of Higher Education (ASHE)                          | <input type="checkbox"/> Other: _____  |

### J. Salary range (in US dollars):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Below \$30,000    | <input type="checkbox"/> \$75,000–\$99,999   | <input type="checkbox"/> \$125,000–\$149,999 |
| <input type="checkbox"/> \$30,000–\$49,999 | <input type="checkbox"/> \$100,000–\$124,999 | <input type="checkbox"/> \$150,000 and above |
| <input type="checkbox"/> \$50,000–\$74,999 |  |  |

K. I have read the SCUP Culture Statement and Guidelines found at [www.scup.org/page/membership/culture](http://www.scup.org/page/membership/culture):

Yes  No

### 3 CONTACT INFORMATION FOR THE GROUP MEMBERS

Please identify the other members of your group. Duplicate this section and complete for each member of the group. Please print or type. Your official job title and organization name should not be abbreviated. Please use the version of your organizational name that appears in press releases or the *Higher Education Directory*®.

Prefix (Mr, Mrs, Ms\*): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ SCUP ID (if known): \_\_\_\_\_

Official Job Title (no abbreviation): \_\_\_\_\_

Department/Office/School (no abbreviation): \_\_\_\_\_

Organization (no abbreviation): \_\_\_\_\_

Address (street address—no PO Box): \_\_\_\_\_

Address (continued): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (country code, if applicable): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's Website: \_\_\_\_\_

*\* In the spirit of equality, SCUP has chosen not to use "Dr" as a prefix.*

### 4 TELL US ABOUT THIS GROUP MEMBER

Please help us to understand and serve our members better. The information gathered in these sections will be used to provide you with personalized information about SCUP benefits and events and will be analyzed only in aggregate.

#### A. What types of planning do you do in your current position, if any? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Faculty member (research, teaching) | <input type="checkbox"/> Financial planning (budget/fiscal) | <input type="checkbox"/> Residential life planning                    |
| <input type="checkbox"/> Academic planning                   | <input type="checkbox"/> Institutional research             | <input type="checkbox"/> Space management planning                    |
| <input type="checkbox"/> Campus/master planning              | <input type="checkbox"/> IT or technology planning          | <input type="checkbox"/> Strategic planning                           |
| <input type="checkbox"/> Capital planning                    | <input type="checkbox"/> Learning spaces planning           | <input type="checkbox"/> Student housing planning                     |
| <input type="checkbox"/> Community relations (town/gown)     | <input type="checkbox"/> Open spaces/landscape planning     | <input type="checkbox"/> Student services planning                    |
| <input type="checkbox"/> Emergency planning                  | <input type="checkbox"/> Parking/transportation planning    | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Enrollment management               | <input type="checkbox"/> Policy & governance                | <input type="checkbox"/> I do not do planning in my current position. |
| <input type="checkbox"/> Facility planning                   | <input type="checkbox"/> Recreational facilities planning   |   |

#### B. From the list above, please tell us the ONE planning responsibility that most occupies your time:

\_\_\_\_\_

*(The answers to items C–D and H–J below will not be published.)*

C. Birth year: \_\_\_\_\_

D. Gender:

Male  Female

E. Highest educational degree attained:

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Master's  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bachelor's  | <input type="checkbox"/> Doctorate |                                       |

F. In what discipline is your highest degree?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Architecture             | <input type="checkbox"/> Higher education administration | <input type="checkbox"/> Urban design or planning |
| <input type="checkbox"/> Business                 | <input type="checkbox"/> Landscape architecture          | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Education administration | <input type="checkbox"/> Public administration           |   |

**G. What certifications or licenses requiring continuing education do you presently hold?**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Architect's license                             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Certified Public Accountant (CPA)               | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape architect's license                   | <input type="checkbox"/> Other: _____ |

**H. Please indicate the certifying body(ies) for these continuing education units:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> American Institute of Architects (AIA)                      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Institute of Certified Planners (AICP)             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA)             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National Association of State Boards of Accountancy (NASBA) |                                       |

**I. What other associations do you belong to? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> American Educational Research Association (AERA)                              | <input type="checkbox"/> Association of University Architects (AUA)                                |
| <input type="checkbox"/> American Institute of Architects (AIA)  | <input type="checkbox"/> APPA: Leadership in Educational Facilities (APPA)                         |
| <input type="checkbox"/> American Planning Association (APA)   | <input type="checkbox"/> EDUCAUSE  |
| <input type="checkbox"/> American Society of Landscape Architects (ASLA)                               | <input type="checkbox"/> National Association of College and University Business Officers (NACUBO) |
| <input type="checkbox"/> Association for the Advancement of Sustainability in Higher Education (AASHE) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Association for Institutional Research (AIR)                                  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Association for the Study of Higher Education (ASHE)                          | <input type="checkbox"/> Other: _____  |

**J. Salary range (in US dollars):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Below \$30,000    | <input type="checkbox"/> \$75,000–\$99,999   | <input type="checkbox"/> \$125,000–\$149,999 |
| <input type="checkbox"/> \$30,000–\$49,999 | <input type="checkbox"/> \$100,000–\$124,999 | <input type="checkbox"/> \$150,000 and above |
| <input type="checkbox"/> \$50,000–\$74,999 |  |  |

**K. I have read the SCUP Culture Statement and Guidelines found at [www.scup.org/page/membership/culture](http://www.scup.org/page/membership/culture):**

- Yes     No

**INSTRUCTIONS FOR REMAINING PARTS:**

- If you work for a college or university, government agency, accrediting agency, foundation, non-profit or not-for-profit, complete Parts A1–A2, Reason for Joining, and Payment Information.
- If you work for a for-profit business, complete Parts B1–B2, Reason for Joining, and Payment Information.

**A1 INSTITUTIONAL GROUP MEMBERSHIPS**

Complete this section ONLY if you work for (1) a postsecondary institution listed in the *Higher Education Directory*<sup>®</sup>, or (2) a government agency, foundation, accrediting agency, non-profit or not-for-profit organization.

FTE: The society uses the Full-Time Enrollment (FTE) figures reported by your institution to the *Higher Education Directory*<sup>®</sup> to determine the appropriate group.

**Select one:**

- INSTITUTIONAL A WITH FTE ENROLLMENT OF 1–2,999 \$750 USD  
*Includes membership privileges for three people. "Add on" members are \$260 USD each.*
- INSTITUTIONAL B WITH FTE ENROLLMENT OF 3,000–5,999 \$990 USD  
*Includes membership privileges for four people. "Add on" members are \$260 USD each.*
- INSTITUTIONAL C WITH FTE ENROLLMENT OF 6,000–11,999 \$1,250 USD  
*Includes membership privileges for five people. "Add on" members are \$260 USD each.*
- INSTITUTIONAL D WITH FTE ENROLLMENT OF 12,000–17,999 \$1,540 USD  
*Includes membership privileges for six people. "Add on" members are \$260 USD each.*
- INSTITUTIONAL E WITH FTE ENROLLMENT OF 18,000 AND OVER \$1,825 USD  
*Includes membership privileges for seven people. "Add on" members are \$260 USD each.*
- INSTITUTIONAL F COMMUNITY COLLEGE/SYSTEM OFFICE \$750 USD  
*Includes membership privileges for three people. "Add on" members are \$260 USD each.*

- INSTITUTIONAL GOVERNMENT, FOUNDATIONS, ACCREDITING AGENCIES, NON-PROFITS, AND NOT-FOR-PROFIT ORGANIZATIONS \$750 USD

*Includes membership privileges for three people. "Add on" members are \$260 USD each.*

## A2 TELL US MORE ABOUT YOUR INSTITUTION/AGENCY/FOUNDATION/NON-PROFIT

I work for a: (Choose one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Higher education institution | <input type="checkbox"/> State government agency | <input type="checkbox"/> Non-profit organization     |
| <input type="checkbox"/> Federal government agency    | <input type="checkbox"/> Foundation              | <input type="checkbox"/> Not-for-profit organization |
| <input type="checkbox"/> Accrediting agency           | <input type="checkbox"/> Systems office          | <input type="checkbox"/> For-profit business         |
| <input type="checkbox"/> Governing board              | <input type="checkbox"/> Local government agency |  |

If you work for a college or university, please answer this question:

Degree-granting status: (Check all that apply)

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Doctoral  | <input type="checkbox"/> Public  |
| <input type="checkbox"/> Master's  | <input type="checkbox"/> Private |
| <input type="checkbox"/> Baccalaureate                                       |                                  |
| <input type="checkbox"/> Associate's   |                                  |
| <input type="checkbox"/> Minority-serving (e.g., HBCU, HSI, Tribal College)  |                                  |
| <input type="checkbox"/> Special focus (e.g., seminary, military, technical) |                                  |
| <input type="checkbox"/> Faith-based or religiously affiliated               |                                  |
| <input type="checkbox"/> Other: _____  |                                  |

## B1 CORPORATE GROUP MEMBERSHIPS

Complete this section ONLY if you work for a for-profit business or consultancy.

- SMALL CORPORATE GROUP MEMBERSHIP \$750 USD  
*Includes membership privileges for three people. "Add on" members are \$260 USD each.*
- LARGE CORPORATE GROUP MEMBERSHIP \$1,540 USD  
*Includes membership privileges for six people. "Add on" members are \$260 USD each.*

## B2 TELL US MORE ABOUT YOUR FIRM

What services does your firm provide? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academics             | <input type="checkbox"/> Housing                  | <input type="checkbox"/> Performing arts                   |
| <input type="checkbox"/> Acoustics             | <input type="checkbox"/> Interiors                | <input type="checkbox"/> Planning                          |
| <input type="checkbox"/> Architecture          | <input type="checkbox"/> Laboratories/health care | <input type="checkbox"/> Scheduling/classroom design       |
| <input type="checkbox"/> Construction          | <input type="checkbox"/> Landscape architecture   | <input type="checkbox"/> Site furnishings                  |
| <input type="checkbox"/> Engineering           | <input type="checkbox"/> Life safety              | <input type="checkbox"/> Space management                  |
| <input type="checkbox"/> Environmental         | <input type="checkbox"/> Lighting                 | <input type="checkbox"/> Sports/athletics                  |
| <input type="checkbox"/> Estimating/costing    | <input type="checkbox"/> Master planning          | <input type="checkbox"/> Strategic consulting              |
| <input type="checkbox"/> Facilities management | <input type="checkbox"/> Media                    | <input type="checkbox"/> Technology/information management |
| <input type="checkbox"/> Food service          | <input type="checkbox"/> Parking/transportation   | <input type="checkbox"/> Wayfinding/signage/graphics       |
| <input type="checkbox"/> Furnishings           | <input type="checkbox"/> Parks/recreation         | <input type="checkbox"/> Other: _____                      |

## REASON FOR JOINING

A. Please share why your organization has chosen to purchase a group membership with SCUP: \_\_\_\_\_

B. How did your organization hear about SCUP? (Choose one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advertisement                                | <input type="checkbox"/> Postcard                  | <input type="checkbox"/> SCUP Planning Institute           |
| <input type="checkbox"/> Annual, international conference             | <input type="checkbox"/> Regional conference/event | <input type="checkbox"/> SCUP website                      |
| <input type="checkbox"/> Book   | <input type="checkbox"/> SCUP Alert                | <input type="checkbox"/> <i>Trends in Higher Education</i> |
| <input type="checkbox"/> Booth  | <input type="checkbox"/> SCUP Award                | <input type="checkbox"/> Webcast                           |
| <input type="checkbox"/> Colleague                                    | <input type="checkbox"/> <i>SCUP Email News</i>    | <input type="checkbox"/> Workshop                          |
| <input type="checkbox"/> Membership brochure                          | <input type="checkbox"/> <i>SCUP Member News</i>   | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> <i>Planning for Higher Education</i> journal |  |  |

**PAYMENT INFORMATION (FEIN 38-6147432)**

Total Amount Remitted in USD: \$\_\_\_\_\_

Credit card payments are required for international members.

**Please choose a payment method:**

1  Check

[Check enclosed; make payable to SCUP. Funds must be in US dollars and drawn on a US bank.]

2  Purchase Order Number: \_\_\_\_\_

**SCUP's Purchase Order Policy:** The society accepts institutional purchase orders for conference registrations, membership dues, and product purchases. Institutions wishing to pay with a purchase order must fax a copy of the purchase order to the SCUP office at 734.527.6069 or include it with the mailed registration, order form, or membership application before the order will be processed. Purchase Orders are only accepted from higher education institutions. All other organizations must pay with a credit card or check.

3  Credit Card

MasterCard     Visa     American Express

Card Number: \_\_\_\_\_

CSC (Card Security Code): \_\_\_\_\_

*(The CSC is the 3- or 4-digit code located on the back of MasterCard or Visa cards, and on the front of American Express cards.)*

Card Expiration Date: \_\_\_\_\_

Name on Card *(Please Print)*: \_\_\_\_\_ Signature: \_\_\_\_\_

You may fax this completed application form to the attention of Member Relations at 734.527.6069, or scan and email it to [membership@scup.org](mailto:membership@scup.org).

**THANK YOU FOR JOINING SCUP!**

Your membership will become active upon receipt and processing of payment.

Please allow SCUP five business days to complete the application process.

New members will receive a packet in the mail within three weeks of joining. The packet will include the following items: a letter from the Director of Membership and Marketing Relations; SCUP Resource Guide; and material about upcoming events.

In an effort to be more sustainable, SCUP's primary vehicle for communications is email; please add [communications@scup.org](mailto:communications@scup.org) to your address book to ensure you receive updates and other important information from us.

*Thank you again for becoming part of the community of higher education planners from across campus and around the world!*



Society for College and University Planning

INTEGRATED PLANNING FOR HIGHER EDUCATION

1330 Eisenhower Place | Ann Arbor, MI 48108

734.764.2000 | [www.scup.org](http://www.scup.org)