



**NEW ENGLAND ASSOCIATION FOR COLLEGE ADMISSION COUNSELING**  
**Supplemental Application for Prospective Institutional or Organizational Members**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In order to help the Membership committee determine which category of membership may apply to you, please answer the following questions that refer to various guidelines outlined in the NEACAC Articles and By-Laws.

Is your institution accredited?  Yes  No  N/ A

If yes, by which accrediting agencies? \_\_\_\_\_

Is your institution/organization a non-profit organization? Yes  No

Whom do you serve? What is your target audience?

Are your students required to have a high school diploma or GED for entrance? Yes  No  N/ A

Are you a participant in the Federal Student Aid program? Yes  No  N/ A

Is your school or program an affiliate or branch of a larger institution or organization? Yes  No  N/ A

If yes, what is the name of your parent organization?

If yes, what other campuses, schools or programs fall under the same umbrella with you?

In order to serve you better, please answer the following: What are your primary reasons for joining? What do you hope to get out of this organization?

Finally, please send copies of your promotional literature and mission statement to  
Lynne O'Shaughnessy, Executive Administrator, NEACAC, PO Box 418, Kittery, ME 03904.