



Association of Collegiate Schools of Planning
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Full Membership Application

Institution _____
 Department _____
 Address _____
 Address _____
 Address _____
 City _____ State _____ ZIP Code _____
 Country _____
 Department Telephone _____ Fax _____
 Department Email _____ Web Site _____
 Year in which authorization to offer a degree was obtained _____
 Year in which the degree was first conferred on a graduating student _____
 Is the degree a Bachelors or Masters Degree? _____
 PAB Accreditation through what year? (Accreditation not required.) _____

Documentation Required:

- Evidence of PAB Accreditation; or
- Evidence of your authorization to offer a planning degree – for example, a photocopy of the catalog language that explains your degree and its requirements.

List Your Capitated (full-time) Faculty (= Chair @ \$50 + \$50 per capitated faculty):

Department Chair:

Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____

Faculty:

1) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____
 2) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____
 3) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____

List Your Non-Capitated (part-time) Faculty (\$0 per person):

1) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____
 2) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____
 3) Given (First) Name _____ Family (Last) Name _____
 Telephone _____ E-mail _____

4) Given (First) Name _____ Family (Last) Name _____
Telephone _____ E-mail _____
5) Given (First) Name _____ Family (Last) Name _____
Telephone _____ E-mail _____
6) Given (First) Name _____ Family (Last) Name _____
Telephone _____ E-mail _____

If you have more faculty, using the format above please continue your listing at the bottom of this form.

Payment Method

The ACSP accepts only Mastercard or Visa for credit card payment. We also accept checks, purchase orders or electronic payments. Complete the information below. Return by fax or by email as a PDF. The ACSP Federal Tax ID number is 54-2110263.

PROVIDE: Check # _____ Purchase Order # _____ Electronic Payment Confirm _____

SELECT ONE: Credit Card: _____ Mastercard _____ Visa _____ Total Charge \$ _____

Card number (16 digits): _____ Exp: ____ / ____

Print Name of Cardholder _____

Signature of Cardholder _____

Bookkeeping Contact Name and Email Address: _____