



# Membership Application: July 1, 2017 - June 30, 2018

Please print, complete and fax or mail to:  
 AUCCCD Office | 1101 N. Delaware St. Suite 200, Indianapolis, IN 46202  
 Fax: 317-635-4757, Email: [office@aucccd.org](mailto:office@aucccd.org)

**REQUIRED Please indicate:**

New Member

\*Member transfers can typically bypass the payment section if your University has already paid

Renewing Member

Membership Transfer

## General Membership Criteria:

Membership is limited to institutions of higher education with a counseling center that provides confidential mental health counseling and developmental counseling to college students per state mental health laws and professional ethical guidelines. Academic department training clinics that are the sole providers of campus counseling services to students may also qualify to be members. Each member institution may designate only one counseling center director as its representative member. Membership shall consist only of those institutions whose dues are current.

**Membership Dues Structure:** The AUCCCD Membership Year runs from July 1 - June 30 annually. Member dues are \$260 per year.

## Member Information:

All questions marked with an "\*" are required.

Director Name\*: \_\_\_\_\_ School Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State/Province\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Country\*: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email\*: \_\_\_\_\_

<b>Director Title*:</b> <input type="checkbox"/> Assistant/Associate Director <input type="checkbox"/> Assistant/Associate Vice President/Vice Chancellor <input type="checkbox"/> Chief Mental Health Officer <input type="checkbox"/> Clinical Director <input type="checkbox"/> Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Other: _____	<b>Director Primary Professional Identity*:</b> <input type="checkbox"/> Business <input type="checkbox"/> Nursing <input type="checkbox"/> Counseling <input type="checkbox"/> Psychology <input type="checkbox"/> Divinity <input type="checkbox"/> Social Work <input type="checkbox"/> Higher Ed. Admin.      Other: _____ <input type="checkbox"/> Law <input type="checkbox"/> _____ <input type="checkbox"/> Medicine	<b>Highest Degree*:</b> <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Specialist Other: _____	
<b>Direct Report*:</b> <input type="checkbox"/> Assist/Assoc. Vice President/Chancellor <input type="checkbox"/> Vice President/Vice Chancellor <input type="checkbox"/> Dean of Students <input type="checkbox"/> Director <input type="checkbox"/> Executive Director <input type="checkbox"/> President <input type="checkbox"/> Provost <input type="checkbox"/> Other: _____	<b>Director Gender/Race/Ethnicity*:</b> <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Self-Identify <b>Racial/Ethnic Origin:</b> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/a <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-racial	<b>Years as Director*:</b> <input type="checkbox"/> < 1 <input style="width: 50px; border: 1px solid black;" type="text"/> <b>Years as AUCCCD Member*:</b> <input type="checkbox"/> < 1 <input style="width: 50px; border: 1px solid black;" type="text"/> <b>Are you Licensed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>School/Enrollment Size*:</b> <input type="checkbox"/> Under 1,500 <input type="checkbox"/> 15,001 – 20,000 <input type="checkbox"/> 1,501 – 2,500 <input type="checkbox"/> 20,001 – 25,000 <input type="checkbox"/> 2,501 – 5,000 <input type="checkbox"/> 25,001 – 30,000 <input type="checkbox"/> 5,001 – 7,500 <input type="checkbox"/> 30,001 – 35,000 <input type="checkbox"/> 7,501 – 10,000 <input type="checkbox"/> 35,001 – 45,000 <input type="checkbox"/> 10,001 – 15,000 <input type="checkbox"/> 45,001+	<b>College Type*:</b> <i>Select all that apply</i> <input type="checkbox"/> 4-Year College/University <input type="checkbox"/> 2-Year Community College <input type="checkbox"/> Professional School (e.g. nursing, chiropractic) <input type="checkbox"/> Art School (e.g. Design, Culinary) <input type="checkbox"/> Divinity School <input type="checkbox"/> Other: _____	<b>Public or Private*?</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <b>Is Your Center</b> <input type="checkbox"/> One-Person Staff? <input type="checkbox"/> IACS Accredited? <input type="checkbox"/> AAAHC Accredited? <input type="checkbox"/> CCMH Member?	
<b>Payment*:</b> (Tax ID 35-2011039) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Payment / Invoice Request Acct # _____			Name on Card _____ Exp _____ / _____      Billing Zip _____ CVV _____

<b>AUCCCD Engagement:</b>	
<b>CURRENT INVOLVEMENT</b>	<b>INTERESTED INVOLVEMENT</b>
<input type="checkbox"/> Listserv <input type="checkbox"/> Conference Attendance <input type="checkbox"/> Conference Presentation <input type="checkbox"/> Conference Planning Committee <input type="checkbox"/> Mentoring at the Conference <input type="checkbox"/> Mentoring outside the Conference <input type="checkbox"/> Governing Board Member <input type="checkbox"/> Strategic plan goal champion <input type="checkbox"/> Strategic plan goal work group member <input type="checkbox"/> Elements of Excellence Member <input type="checkbox"/> Standing Committees <input type="checkbox"/> Work Groups or Task Forces <input type="checkbox"/> Other:	<input type="checkbox"/> Listserv <input type="checkbox"/> Conference Attendance <input type="checkbox"/> Conference Presentation <input type="checkbox"/> Conference Planning Committee <input type="checkbox"/> Mentoring at the Conference <input type="checkbox"/> Mentoring outside the Conference <input type="checkbox"/> Governing Board Member <input type="checkbox"/> Strategic plan goal champion <input type="checkbox"/> Strategic plan goal work group member <input type="checkbox"/> Elements of Excellence Member <input type="checkbox"/> Standing Committees <input type="checkbox"/> Work Groups or Task Forces <input type="checkbox"/> Other:

<b>Describe any coalitions/affinity groups you are currently involved, or if you have interest in involvement:</b>	
<b>CURRENT INVOLVEMENT</b>	<b>INTERESTED INVOLVEMENT</b>
<input type="checkbox"/> Areas of clinical expertise or interest Type of School [art, community college, HSI, HBCU, Religious, etc.] <input type="checkbox"/> Type of Center [integrated centers, comprehensive counseling centers, centers with satellites, etc.] <input type="checkbox"/> Professional Identity [counselor, family therapist, psychiatrist, psychologist, social work, other] <input type="checkbox"/> Technology [EMR, data collection, telehealth, etc.] <input type="checkbox"/> Work with particular populations of students who may be under-represented or marginalized <input type="checkbox"/> Other:	<input type="checkbox"/> Areas of clinical expertise or interest Type of School [art, community college, HSI, HBCU, Religious, etc.] <input type="checkbox"/> Type of Center [integrated centers, comprehensive counseling centers, centers with satellites, etc.] <input type="checkbox"/> Professional Identity [counselor, family therapist, psychiatrist, psychologist, social work, other] <input type="checkbox"/> Technology [EMR, data collection, telehealth, etc.] <input type="checkbox"/> Work with particular populations of students who may be under-represented or marginalized <input type="checkbox"/> Other:

<b>Areas of Expertise: <i>Listed in the private directory for consultation purposes.</i></b>	
<input type="checkbox"/> Administrative/management <input type="checkbox"/> Behavioral intervention team <input type="checkbox"/> Campaigns/initiatives/promotion of mental health <input type="checkbox"/> Clinical/diagnostic/treatment <input type="checkbox"/> Clinical and learning outcomes <input type="checkbox"/> Clinical management <input type="checkbox"/> Collaborative Services <input type="checkbox"/> Concussions and brain injuries <input type="checkbox"/> Consultation <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Diversity/Multicultural Competence <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Grant-Writing <input type="checkbox"/> Integrated Services <input type="checkbox"/> Legal/Ethical <input type="checkbox"/> Other:	<input type="checkbox"/> Mindfulness-based interventions <input type="checkbox"/> Multi-disciplinary teams <input type="checkbox"/> Outreach program development <input type="checkbox"/> Positive psychology <input type="checkbox"/> Public speaking <input type="checkbox"/> Research <input type="checkbox"/> Resilience/flourishing <input type="checkbox"/> Self-injurious behaviors <input type="checkbox"/> Sexual assault <input type="checkbox"/> Sports psychology <input type="checkbox"/> Suicide prevention/programming <input type="checkbox"/> Suicide risk assessment <input type="checkbox"/> Supervision <input type="checkbox"/> Threat Assessment <input type="checkbox"/> Training graduate students/interns

**Satisfaction: How satisfied are you with the current Board structure (President; President-Elect; Past-President; 9 Elected Members; appointed Treasurer and Secretary)?**

- 5 – Very Satisfied
- 4 – Satisfied
- 3 – Adequate
- 2 – Dissatisfied
- 1 – Very Dissatisfied

Comment:

**Please provide suggestions for improving functions and operations (e.g. Board Structure; conferences; listserv; professional development).**

**Please describe how AUCCCD may assist in your collegiate mental health leadership role?**