



# ALLIED MEMBERSHIP APPLICATION

(Dues year: July 1-June 30)

**IMPORTANT:** Please complete ALL information requested below.  
For assistance with this application please contact the Membership Department at (202) 336-6700.

Name (Mr. Mrs. Ms. Miss) Title Informal name

Company

Address

City, State, Zip

Phone Fax

E-mail Website

### COMPANY DESCRIPTION:

Please provide us with a short description (below or attach to this application) of your company and the products/or services being offered to the private career education sector for CCA's website and *The Guide to Career Colleges*.

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

### CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR COMPANY'S PRIMARY BUSINESS TO THE CCA MEMBERSHIP.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administrative Services      | <input type="checkbox"/> Distance Learning                | <input type="checkbox"/> Library Service                 |
| <input type="checkbox"/> Admissions                   | <input type="checkbox"/> Educational Training Materials   | <input type="checkbox"/> Management Search               |
| <input type="checkbox"/> Advertising Marketing        | <input type="checkbox"/> Employee Assessment              | <input type="checkbox"/> Marketing/Promotional Materials |
| <input type="checkbox"/> Certification                | <input type="checkbox"/> Financial Aid                    | <input type="checkbox"/> Miscellaneous                   |
| <input type="checkbox"/> Certified Public Accountants | <input type="checkbox"/> Furniture                        | <input type="checkbox"/> Payroll Services                |
| <input type="checkbox"/> Collection Services          | <input type="checkbox"/> Health Services/Medical Supplies | <input type="checkbox"/> Receivables Management          |
| <input type="checkbox"/> Computer Hardware            | <input type="checkbox"/> Information Technology Solutions | <input type="checkbox"/> Software                        |
| <input type="checkbox"/> Consulting                   | <input type="checkbox"/> Investment Management            | <input type="checkbox"/> Testing Tools/Equipment         |
| <input type="checkbox"/> Default Management           | <input type="checkbox"/> Legal Services                   |  |

\* Inclusion in *The Career Guide* is dependent upon publishing schedule

# PAYMENT OPTIONS FORM

CCA Allied Dues is calculated on Volume of business with  
Private Career Schools

Volume of Business	Annual Dues
Under \$1,500,00	850
Over \$1,500,00	2,500

## DESIGNATE YOUR METHOD OF PAYMENT

My check for \$ \_\_\_\_\_ is enclosed or  
 Please charge \$ \_\_\_\_\_ to my credit card  Amex  Visa  MasterCard  
Account No. \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder Signature (required) \_\_\_\_\_

**To join in the middle of the dues year and pro-rate your dues, divide your annual dues amount by 12. Then multiply this monthly figure by the number of months remaining in the dues year (dues year is July 1-June 30.)**

Insert your annual dues amount

Divide by 12 months

Subtotal

Multiply by # of months remaining

Total Dues

/12
# of months

**BILLING ADDRESS:** (if different from the information on front of form)

Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Mail or fax this application to:**

Career College Association  
P.O. Box 75068 Baltimore, MD 21275-5068  
Fax (202) 336-6828

**THANK YOU FOR PARTICIPATING IN CCA.  
LOOK FOR YOUR WELCOME KIT IN THE NEXT FEW WEEKS.**