



## *Application for Institutional Membership*

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*Institutional membership status may be granted, upon approval of the membership, to a college-level degree-granting institution in the state of Tennessee if it is accredited by an accrediting agency approved by the Council for Higher Education or by determination of the TACRAO Board of Directors.*

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*Name of Institution:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

*Name of Person requesting Membership:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Best Time to Call:* \_\_\_\_\_

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*Institutional Mission Statement (Copy may be attached):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Degrees Awarded:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Admissions Requirements:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Agencies of Accreditation:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Date of Application:* \_\_\_\_\_

A copy of the institution's catalog must be included with the application for membership. Responses to application questions may reference page numbers in

Please mail completed application to the TACRAO Membership Committee Chairperson (contact information and address available at [www.tnacrao.org](http://www.tnacrao.org))