

2007-2008 MEMBERSHIP APPLICATION

President _____ Preferred Title _____

Institution _____

Address _____ Phone () _____

City/State/Zip _____ Fax () _____

FTE from Previous Fall Term* _____ E-mail _____

Contact Person _____ Phone () _____

E-mail _____

- Step 1.** Complete the above details.
- Step 2.** Attach a letter of commitment—addressed to the WACC Executive Board from your president—stating his/her support for the principles and initiatives expressed in WACC’s membership expectations, as set out in the attached *Overview Statement*.
- Step 3.** Mail completed application packet (including this **Membership Application** and **Letter of Commitment** from your president) to:

Brian Heinrich, Communications Director
Washington Campus Compact
c/o Western Washington University
516 High Street, MS-5291
Bellingham, WA 98225-5996

- Step 4.** Upon receipt of your completed application packet and the WACC Executive Board’s acceptance of your application, we will invoice your institution for membership dues based on the following structure.

Dues Structure: Annual dues payment is based on FTE* from previous fall term.
Annual membership year runs July 1 - June 30.

| FTE | Up to 3,000 | 3,001- 7,000 | 7,001- 13,000 | 13,001- 20,000 | 20,001- 30,000 | 30,001- 40,000+ |
|---------------------------------|----------------|-----------------|------------------|-------------------|-------------------|--------------------|
| Amount Due 2007-2008 | \$2,275 | \$4,453 | \$5,558 | \$6,695 | \$8,840 | \$11,050 |

* Grand total student FTE (state funded, student funded, contract, etc. as applicable to your institution), excluding branch campuses

- Step 5:** Upon our receipt of membership dues, your institution is eligible for all membership benefits. You will receive new-member information from both the state and national offices.

For more information, contact Brian Heinrich at 360-650-4147 or brian.heinrich@wwu.edu.

OVERVIEW STATEMENT

Mission

Washington Campus Compact is a statewide coalition of college and university presidents who have united to further the civic purposes of higher education by:

- Creating academic and co-curricular service opportunities for students to develop the skills and habits of citizenship;
- Encouraging the engagement of faculty in community-based scholarship that addresses societal concerns; and
- Fostering the development of collaborative partnerships among campuses, and with communities.

Goals

WACC and its members will:

- Advance the practice of campus-based community service, the pedagogy of service-learning, and the strengthening of student leadership in Washington state;
- Promote collaboration and partnerships between colleges, universities, and their communities through programs that respond to specific local and regional needs;
- Foster the development and dissemination of innovative curriculum, theory, research, and best practice of higher education community service-learning programs; and recognize exemplary models, collaboration, faculty, and students annually;
- Build public awareness of the value of the reciprocal relationship between educational institutions and communities; and
- Leverage funding from state, federal, corporate, and private sources for statewide programming and subgrant to member campuses.

Presidential Initiatives and Membership Expectations

Washington Campus Compact member presidents are committed to:

- Integrating the ethic of community service throughout the institution, and making service a central element of the higher education experience;
- Promoting, facilitating, and rewarding community service through all available avenues;
- Inspiring, endorsing, and rewarding faculty efforts to integrate service with academic study;
- Fostering thoughtful reflection on service experiences and stimulating students to engage in lifelong constructive efforts that address the problems facing society;
- Developing and endorsing policies and structures on campus, state, and national levels that support community service and/or community service-learning; and
- Collaborating with other institutions to strengthen regional initiatives and establishing long-term systemic support for all forms of campus community service.

INSTITUTIONAL CONTACTS LIST

We request this information to facilitate communications and support. (If a person serves in more than one capacity, please write only his/her name in the second and subsequent categories.)

Institution _____ **Web Site** _____

President _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Does the president wish to be added to the national listserve for Campus Compact Presidents? Yes No

Executive Assistant to the President _____

(The person who assists and advises the president)

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserve? Yes No

Administrative Assistant to the President _____

(The person who manages the president's calendar)

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserve? Yes No

Chief Academic Officer _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserve? Yes No

Student Affairs/Services Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserve? Yes No

Community Service Program Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Service-Learning Program Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Faculty Representative _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Press/Public Information Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Campus Newspaper and contact information _____

Faculty/staff newsletter and contact information _____

Government Relations Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Institutional Research Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Teaching and Learning Center Contact (if applicable) _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Literacy Program Contact (if applicable) _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Student Leadership Contact (if applicable) _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Teacher Education Contact (if applicable) _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Grants Office Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Librarian Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Other Contact _____

Official Title _____ Mr./Ms./Dr./Other _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Add this person to the state Campus Compact listserv? Yes No

Thank You!