



MEMBERSHIP APPLICATION
 I hereby qualify to make application for membership as checked below.

Member University/College/Employer \$150
 Affiliate/Vendor Company \$150
 Student @ organization w/ MPACE mbr \$50

16 Santa Ana Place • Walnut Creek, CA 94598
 925-934-3877 • FEIN 20-2951485 www.MPACE.org

INSTRUCTIONS

Complete all parts of application for appropriate membership category (please do not attach business card). Dues must accompany application, with checks payable to MPACE. As receipts are not issued for check payments, please copy this form and check for your records. You may apply on-line with a credit card. Website: www.mpace.org

Annual dues are for a membership year ending June 30. Dues are not prorated, but if received after April 1 will be extended through June 30 of the following year. Membership in MPACE is by organization; priced per person. The membership remains with the organization, only transferable to another person within the same organization during a given membership year.

YOUR MEMBERSHIP DATA (Please type, print or write clearly)

Member Organization _____ Referred By: _____

Department/Division/Office _____

Individual Name _____

Title _____

Address _____

City/State/Zip _____

Phone/Fax P () _____

Email _____

Membership in other ACE's? Please list: _____

By sending this application I state that our organization adheres to all federal/state affirmative action/equal opportunity laws and full endorse and comply with the *Principles for Professional Conduct for College Career Planning, Placement and Recruitment*, as published by the National Association of Colleges and Employers. I understand that contact information for me will be published in the online directory.

Check here if you DO NOT want your membership data to be included in the online, password protected, membership directory. If this box is NOT checked, your contact info *will be* included on our online directory, hosted on our website.

Signature _____

Date _____

DATABASE UPDATE

Are you taking the place of a former MPACE member from this organization?
 (If yes, please list their name) _____

Are you a NACE member? Y N

OPTIONAL INFORMATION

This information will assist MPACE to understand the diversity of its membership
 Sex M F

Ethnic Background: Please circle

- Asian/Pacific Islander Black/African American
 Caucasian Hispanic Native American Other

**Easy Ways To Send Dues:
 Check, Credit Card or ONLINE**
 Mail your application along with check or MC, VISA, AMEX # to the number above.

No PO's will be processed by MPACE.

Card# _____ Exp _____

Name on card (if different from above.)

MPACE MEMBERSHIP CRITERIA

College/University Membership - A two, three, or four-year education institution granting Associate of Arts/Sciences degrees, Baccalaureate degrees, or higher which has been accredited by an official accrediting association.

Employer Membership - An employer who selects, places, and trains western graduates exclusively for its own organization. Show nature of business and industry classification code in space under *Membership Qualifications* below.

Affiliate Membership - An organization which provides "support services" to the recruiting/placement function, but does not meet the criteria for regular membership. Show nature of services provided in space under *Membership Qualifications* below.

Student Membership - Student membership is available to any person currently enrolled full time in undergraduate or graduate studies leading to a professional degree in human resources or career services. Student membership is not available to paid professionals working in the field, paid interns excluded. Student members may attend all Association functions. Applicants must be a minimum of 21 years of age and must provide a statement of interest in MPACE and a letter of sponsorship/endorsement by a current regular MPACE member *attached to the membership application*.

MEMBERSHIP QUALIFICATION QUESTIONS

EMPLOYER MEMBERS:

Nature of Business: _____ Classification Code: _____

AFFILIATE MEMBERS:

Nature of Services Provided: _____

INDUSTRY CLASSIFICATION CODES

(Applicable for Employer Members Only)

AC	Accounting/Professional Svces	PA	Paper/Paper Products
AD	Advertising	PE	Petroleum Products
AE	Aerospace	PH	Pharmaceuticals
BA	Banking	PR	Printing
BT	Biotech	PU	Publishing
CN	Construction	RE	Retail
CO	Communciation	RH	Restaurant
CP	Computer Products	RS	Real Estate
CS	Computer Services	SO	Software
EL	Electronics	SE	Services, General
EN	Entertainment	TR	Transportation
FI	Financial Services	UT	Utilities
FO	Foods	OT	Other, please state
GO	Government		
HE	Healthcare		
HO	Hospitality/Hotel		
IN	Insurance		
MG	Manufacturing		

