

CAMPUS CENTER

APPLICATION

I am: **Renewing** my Campus Center Status
 Applying for the first time

This application is due October 1 of each year in order to retain your active Campus Center Status.

SCHOOL INFORMATION

School:	School website:
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Mailing Address:

Number of IIDA Student Members in your Campus Center: *
 *Please attach a separate sheet with the names of all Campus Center Members. You may also provide a list of non-members (name, email, address, phone). See the attached form for an example format.

PRIMARY SCHOOL CONTACT (NON STUDENT)

Note: This will be the person to whom renewal reminders for Campus Center status will be sent and to whom the Campus Center certificate will be mailed. This role is often filled by a faculty advisor.

Name:	Title:
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Email:	Phone:
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Mailing Address:

STUDENT LEADERSHIP INFORMATION

Campus Leader Name:

Email:	Phone:
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Campus Leader Name:

Email:	Phone:
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Campus Leader Name:

Email:	Phone:
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CHAPTER AFFILIATION

For a full listing of IIDA Chapters, visit www.iida.org

Chapter Affiliation:

Your contact on the local IIDA Chapter Board:

SIGNATURE

I authorize that the information above is true. I acknowledge that this information must be fully completed by October 1 of each year to retail my Campus Center's active status and eligibility for IIDA funds.

Signature of applicant:	Date:
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Please complete this form and send a copy to your local Chapter as well as to IIDA Headquarters.

IIDA Headquarters Contact

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