



# CAMPUS CENTER APPLICATION

We are:  Renewing our Campus Center Status  
 Applying for the first time

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

## SCHOOL INFORMATION

School: \_\_\_\_\_ School website: \_\_\_\_\_

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

### Number of IIDA Student Members in your Campus Center:

\*Please attach a separate sheet with the names of all Campus Center Members. The list must include student names, member number (if applicable) and email address.

## 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## STUDENT LEADERSHIP INFORMATION

Campus Leader Name: \_\_\_\_\_ IIDA Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus Leader Name: \_\_\_\_\_ IIDA Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHAPTER AFFILIATION

For a full listing of IIDA Chapters, visit [www.iida.org](http://www.iida.org)

Chapter Affiliation: \_\_\_\_\_

## 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: \_\_\_\_\_

**Please complete this form and send to IIDA Headquarters.**

### IIDA Headquarters Contact

Monica De Angelis, Manager of Student Relations and Activities  
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