



Membership Application Form

(Note: You must be a member of CAEL in order to become a member of CAP. For CAEL membership information, please contact Maria Bartolo at mbartolo@cael.org or visit the CAEL website at www.cael.org.)

Note: CAP Annual Individual Membership Fee is \$150. This fee does not include the annual CAEL membership fee.

PLEASE DO NOT SEND PAYMENT NOW. You will be invoiced by CAEL in coordination with your standard CAEL membership renewal invoice.

Please Print or Type:

Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

Institution/Organization _____

Position/Title _____

Program Name _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Institution/Organization website: _____

How did you first hear about CAP?

A Colleague _____
The CAEL Website (www.cael.org) _____
Summer Workshop Brochure _____
Other (Please explain) _____

The CAP Website (www.capnetwork.org) _____
CAP Conference Brochure _____
CAP Newsletter, *CAP Connected* _____

Please email, fax, or send form to:

Cindi Lombard, Member Services Coordinator
Commission for Accelerated Programs (CAP)
990 S Broadway, Suite 300
Denver, CO 80209
(303) 964-5226 (phone) (303) 964-5472 (fax) clombard@capnetwork.org (email)

Is either your undergraduate or graduate program accelerated?

Undergraduate: Yes _____ No _____ Graduate: Yes _____ No _____

Once your application is processed, a confirmation of your membership status will be sent to you via email.

THANK YOU for your support of and participation in CAP!
Questions? Contact Jeannie McCarron @ jmccarron@capnetwork.org or (303) 964-5253