

## Membership Application

Submission deadline: August 1

Submit to: GCAC President

### GENERAL INFORMATION

Name of Institution:

Year of Establishment:

Physical Address:

Mailing Address:

Main Campus Phone:

Web Address:

Type of Institution *(Please circle)*

Public    Private

Calendar System:  
*(Please circle)*

Semester  
Trimester  
Quarter

Church Affiliation/Control:

Regional Accrediting Agency:

Current Regional  
Accreditation  
Status:

Expiration Date of Current Accreditation:

### ATHLETICS OVERSIGHT

President/Chancellor:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Years served in Position:

Senior administrator with Direct Oversight of Athletics:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Years served in Position:

Athletics Director:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Years served in Position:

Faculty Athletics Representative:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Years served in Position:

Chief Financial Officer:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Years served in Position:



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**ADDITIONAL INFORMATION**

Please submit the following with your application:

Mission Statement

Athletic Policy Handbook

Overall Budget ( including line item revenues and expenditures for athletics, personnel, travel, recruiting and scholarships on a sport by sport basis)

Athletics Strategic/Business Plan

Campus Athletic Facilities

**SIGNATURES**

Chief Executive Officer Name(Printed or Typed)	Chief Executive Office Signature	Date
Athletics Director Name(Printed or Typed)	Athletic Director Signature	Date
Faculty Athletic Representative (Printed or Typed)	Faculty Athletic Representative Signature	Date