

Campus Compact Member Information

Please complete and return this to Campus Compact. New members will be sent a Welcome Packet from Campus Compact office based on the information provided on both sides of this sheet. Please call us at 617-357-1881 with questions. Thanks!

College/University Name _____
 Address _____
 City, State, Zip _____
 Main Phone # _____
 Date Joined _____ Today's Date _____

Number of Full-Time Equivalent Undergraduate Students

President

Salutation (Mr., Ms., Dr.) _____
 Name _____
 Title _____
 Campus Address _____

 Telephone: _____
 Fax: _____
 E-Mail _____

President's Staff Contact

Salutation (Mr., Ms., Dr.) _____
 Name _____
 Title _____
 Campus Address _____

 Telephone: _____
 Fax: _____
 E-Mail _____

Press Contact

Salutation (Mr., Ms., Dr.) _____
 Name _____
 Title _____
 Campus Address _____

 Telephone: _____
 Fax: _____
 E-Mail _____

Government Relations Contact

Salutation (Mr., Ms., Dr.) _____
 Name _____
 Title _____
 Campus Address _____

 Telephone: _____
 Fax: _____
 E-Mail _____

Chief Academic Officer Contact

Chief Student Affairs Officer Contact

Salutation (Mr., Ms., Dr.) _____
Name _____
Title _____
Campus Address _____

Telephone: _____
Fax: _____
E-Mail _____

Salutation (Mr., Ms., Dr.) _____
Name _____
Title _____
Campus Address _____

Telephone: _____
Fax: _____
E-Mail _____

**Community Service or Service-Learning
Program Contact**

Salutation (Mr., Ms., Dr.) _____
Name _____
Title _____
Campus Address _____

Telephone: _____
Fax: _____
E-Mail _____

Faculty Service-Learning Contact

Salutation (Mr., Ms., Dr.) _____
Name _____
Title _____
Campus Address _____

Telephone: _____
Fax: _____
E-Mail _____

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