

ACCFT Membership Application Form

Please print this form, fill it out, and fax it back to the number listed below.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Campus Location: _____

Discipline: _____

Current Rank: _____

Number of Years in Service: _____

Submit Your Completed Form to:

Fax: (907)786-4095

or, Mail: 3211 Providence, UAA, Bldg K-214, Anchorage, AK 99508-4670

If you have any questions, please contact us at:

Email: ayaccft@uaa.alaska.edu

or Phone: (907)562-2660