



## **COPLAC Individual Membership Application**

Thank you for your interest in becoming an individual member of the Council of Public Liberal Arts Colleges (COPLAC). This application is for individuals committed to advancing the mission of public liberal arts and sciences education. Please complete all sections below.

### **Section 1: Personal Information**

Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### **Section 2: Educational & Professional Background**

Please provide a summary of your educational background and relevant professional experience that reflects your commitment to liberal arts and sciences education.

### **Section 3: Mission Alignment & Advocacy**

Describe how your work and experience aligns with COPLAC's mission and values and how membership in COPLAC can further your work in the liberal arts and sciences. Include any experience related to public service, advocacy, teaching, or curriculum development.

### **Section 4: Leadership & Collaborative Engagement**

Please describe any leadership roles, collaborative projects, or consortium activities you have participated in that promote liberal arts and sciences education.

### **Section 5: Access, Inclusion, and Student Success**

Describe how you demonstrate a commitment to access and inclusion and to serving students who reflect the population of your home state through student success initiatives and resources that promote retention and graduation.

### **Section 6: Outcomes and Impact**

Provide examples of how your work has had measurable impact in student learning, assessment, community engagement, or similar areas, noting evidence of impact that addresses learning outcomes typical of a liberal arts and sciences curriculum.

**Section 7: Membership Participation**

Please describe how you would like to engage as a COPLAC member (e.g., mentoring, advocacy, program leadership, event planning).

**Declaration and Signature**

I affirm that the information provided in this application is true and that I am committed to the values and mission of COPLAC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_