

SOUTHWEST ASSOCIATION OF COLLEGE AND UNIVERSITY MAIL SERVICES

(Membership is open to all mail services personnel employed by post-secondary educational organizations.)



MEMBER INFORMATION FORM

NAME _____ TITLE _____

INSTITUTION _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

E-MAIL _____

Please indicate your interest in serving as an officer or committee member:

Officers: Secretary _____

Committees: Committee Chair _____ Membership _____ Nominating _____ Newsletter _____

Electronic Communications _____ Web Design _____ Scrapbook _____

SURVEY INFORMATION:

Brief institutional description, including private or public affiliation:

Campus enrollment/employees: Undergraduate _____ Graduate _____ Faculty/Staff _____

Name of Mail Services Department: _____

Operate Contract Station? Yes _____ No _____ Operate Printing Center? Yes _____ No _____

Full-time employees: _____ # Part-time employees _____ # Student employees _____

Provide mail delivery to campus: Yes _____ No _____ # of daily runs _____ # of stops _____

Type of delivery equipment used: Electric _____ Gas _____ Propane _____ Van _____ Cart _____ # of vehicles used _____

Deliver to students: Yes _____ No _____ Student PO boxes in Mail Center Yes _____ No _____ # of boxes _____

Rent Faculty/Staff PO boxes: Yes _____ No _____ # of boxes _____

Do you outsource part of mail operations? Yes _____ No _____ Meter postage in-house? Yes _____ No _____

Do you presort 1st class mail? Yes _____ No _____ Do you barcode all mail? Yes _____ No _____

Do you manage nonprofit mailings? Yes _____ No _____

Do you charge back postage expenditures to sending department? Yes _____ No _____

Do you affix surcharge for services performed? Yes _____ No _____

Do you return revenue to your institution's general funds? Yes _____ No _____ If yes, annual amount returned? \$ _____

Thank you for completing this institutional profile. The better we know each other; the better we can help each other!