

Campus Compact Member Information

Please complete and forward this to the Office of Oregon Campus Compact. New members will be sent a Welcome Packet based on the information provided on this form. Please call 503-725-8139 with questions. Thank you!

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 _____
Office _____
Campus Address _____

Telephone: _____
Fax: _____
E-Mail: _____

Community Service Contact

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

Telephone: _____
Fax: _____
E-Mail: _____

Faculty Service Learning Contact

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

Telephone: _____
Fax: _____
E-Mail: _____

Chief Academic Officer Contact

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

Telephone: _____
Fax: _____
E-Mail: _____

Chief Librarian

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

Telephone: _____
Fax: _____
E-Mail: _____

Government Relations Contact

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

Telephone: _____
Fax: _____
E-Mail: _____

Press Contact

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

Telephone: _____
Fax: _____
E-Mail: _____

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