



Membership Application

New Member

Renewing Member

Please fill in the information below and mail it with your check to: *(Make check payable to NCHE)*

NCHE Secretary/Treasurer
National Education Association
1201 16th Street, N.W., Suite 810
Washington, DC 20036-3290

Membership Category *(Please check one box)*

Individual Membership Application: \$25 *(Higher Education Member)*

Associate Membership Application: \$10 *(Non-Higher Education Member)*

Name: Dr. Mr. Ms. Last _____ First _____ Initial _____

Address: _____

City _____ State _____ Zip Code _____

Office Phone: (_____) _____ Home Phone: (_____) _____

Personal Email: _____ Local Association: _____

Work Email: _____ State Association: _____

Educational Institution: _____

General Information *(Please check all appropriate boxes):*

Non-Higher Ed Members

- Faculty
- K-12 Teacher
- ESP
- Academic Professional
- Student
- Graduate Assistant
- Association Staff
- Administrator
- State Affiliate Staff
- State Affiliate Officer
- Other _____

Status

- Full-time
- Part-time
- Both
- Retired

Higher Ed Members

- 2-year Higher Ed
- 4-year Higher Ed
- ESP
- Academic Professional
- Other _____

For Office Use Only

Date: _____ Amount Paid: _____

Payment: Cash Check # _____ Other

Received by: _____ Entered on: _____