



Organizational Membership Application

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

New Member

Renewing Member

Membership Category (Please check one box)

11-100 members: \$120

201-500 members: \$420

101-200 members: \$240

More than 500 members: \$600

Please use President's information

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):

State Organization

2-year Higher Ed

4-year Higher Ed

Other _____

For Office Use Only	
Date: _____	Amount Paid: _____
Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Other
Received by: _____	Entered on: _____