

NATIONAL COUNCIL FOR HIGHER EDUCATION

2010 - 2011 ASSOCIATE MEMBERSHIP



PLEASE TYPE OR PRINT.

Full Name: _____

Address: Street _____

City _____ State _____ Zip _____

Is this address your home? _____ office? _____

Higher Education Institution: _____

Local Association: _____

Internet Address: _____

Phone: Office _____ Fax _____ Home _____

GENERAL INFORMATION (Please check all appropriate boxes):

MEMBERSHIP INFORMATION (Check appropriate box):

Renewing Member New Member

\$10 ASSOCIATE (NON-VOTING) MEMBERSHIP (K-12 Member or Staff)

Open to any NEA K-12, Student NEA, NEA-Retired member, NEA or affiliate staff who supports the purposes and activities of NCHE

Note: Dues payments and contributions are not tax deductible as charitable contributions for federal income tax purposes.

Faculty/K-12 Teacher
 ESP
 Academic Professional
 Student

Graduate Assistant
 Association Staff
 Other

Full-time
 Part-time
 Retired

**PLEASE MAKE CHECK PAYABLE TO "NCHE"
 AND MAIL WITH THIS FORM TO:**

NCHE Secretary/Treasurer
 National Education Association
 1201 16th Street, NW, Room 410
 Washington, DC 20036-3290

FOR OFFICE USE ONLY				
Date	Amount Paid	Method	Received by	Entered on
		Check# Cash		