

NATIONAL COUNCIL FOR HIGHER EDUCATION

2010 – 2011 INDIVIDUAL 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

\$24 INDIVIDUAL (VOTING) MEMBERSHIP (Higher Education Employee)
Open to any NEA member employed at an institution of higher education, on leave from or actively seeking employment at such an institution, and NEA-Retired whose primary employment was in higher education.

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

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Faculty/K-12 Teacher | <input type="checkbox"/> 2-year Higher Ed | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> ESP | <input type="checkbox"/> 4-year Higher Ed | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Academic Professional | <input type="checkbox"/> Other | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | | |
| <input type="checkbox"/> Graduate Assistant | | |
| <input type="checkbox"/> Association Staff | | |
| <input type="checkbox"/> Other | | |

**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		