

NATIONAL COUNCIL FOR HIGHER EDUCATION

2010 – 2011 ORGANIZATIONAL MEMBERSHIP



PLEASE TYPE OR PRINT.

Association: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Membership Total: _____ Internet Address/Website: _____

President: _____

Phone: Office _____ Home _____

Email Address: _____

Higher Education Institution: _____

GENERAL INFORMATION (Please check all that apply):

MEMBERSHIP INFORMATION (Check all appropriate boxes):

Renewing Member New Member

Organizational membership in NCHE is open to any NEA-affiliated higher education association or chapter.

\$600 – Organizations with over 500 members \$240 – Organizations with 101-200 members

\$420 – Organizational with 201-500 members \$120 – Organizations with up to 100 members

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

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Faculty Full-time 2-year Higher Ed

ESP Part-time 4-year Higher Ed

Academic Professional Both Other _____

Graduate Assistant

Administrative

**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		