

NATIONAL COUNCIL FOR HIGHER EDUCATION



PLEASE TYPE OR PRINT

Full Name: _____

Address: *Street:* _____

City: _____ *State:* _____ *Zip:* _____

E-mail: _____

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.

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Faculty/K-12 Teacher | <input type="checkbox"/> Graduate Assistant | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> ESP | <input type="checkbox"/> Association Staff | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Academic Professional | <input type="checkbox"/> Other | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | | |

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

NCHE Secretary/Treasurer
National Education Association
1201 16th Street, NW, Suite 813
Washington, DC 20036-3920

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