

NATIONAL COUNCIL FOR HIGHER EDUCATION



PLEASE TYPE OR PRINT

Association: _____

Address: *Street:* _____

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

Phone: _____ *Fax:* _____

Membership Total: _____ **Internet Address/Website:** _____

President: _____

Phone: *Office:* _____ *Home:* _____

Email: _____

Higher Education Institution: _____

GENERAL INFORMATION (Please check all appropriate boxes):

MEMBERSHIP INFORMATION (Check appropriate box):

- Renewing Member** **New Member**

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

- \$600 - Organizations with over 500 members \$240 - Organizations with 101-200 members
 \$420 - Organizations 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.

- | | | |
|--|---|------------------------------------|
| <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"/> Both |
| <input type="checkbox"/> Student | | |
| <input type="checkbox"/> Graduate Assistant | | |
| <input type="checkbox"/> Administrative | | |

**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