

## CLHE MEMBERSHIP FORM

FREE Trial CLHE Membership Year July 1, 2009 - June 30, 2010

Please fill out a form for each individual you would like to receive CLHE benefits as part of your membership (This does not apply to individual members).

### I. Select a Membership Category

- YES! I would like to join CLHE as an Institutional/Organizational Member  
 YES! I would like to join CLHE as a School of Education Member

This membership only includes individuals employed full-time by a school/department of education within a college/university.

- YES! I would like to join CLHE as an Individual Member (Select one)
- Faculty (Individual must work full-time as a faculty member)
  - Student (Must be a full-time student)

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### II. Contact Information

First and Last Name \_\_\_\_\_

Primary Representative:  
(Required for Institutional/  
Organizational Members only) \_\_\_\_\_

Secondary  
Representative:  
(Required for Institutional/  
Organizational Members only) \_\_\_\_\_

Position Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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### III. Method of Payment

Select one:

- Check (Make checks payable to Council on Law in Higher Education)  
 Credit Card (circle one): Visa, MasterCard, or Discover

Credit Card # \_\_\_\_\_

3 Digit Code (Last 3 Numbers on Back of Card) \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature

(Signature required for  
credit card payment) \_\_\_\_\_

Billing address

(if different from above) \_\_\_\_\_

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### IV. Mail/Fax Information

Council on Law in Higher Education  
Membership and Accounting  
9386 Via Classico West, Wellington, Florida 33411  
Fax: 561-792-4441  
CLHE Tax ID# is 65-0810604  
e-mail: info@clhe.org