

CLHE MEMBERSHIP FORM

PRO-RATED 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). The following prices are pro-rated.

I. Select a Membership Category

- YES! I would like to join CLHE as an Institutional/Organizational Member: \$95 (Regular price \$265)
 YES! I would like to join CLHE as a School of Education Member: \$55 (Regular price \$115)

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): \$25 (Regular price \$55)
 Student (Must be a full-time student): \$10 (Regular price \$15)

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 _____

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) _____

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