

CLHE MEMBERSHIP FORM

CLHE Membership Year July 1, 2011 - June 30, 2012

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 prorated for the remainder of the membership year.

I. Select a Membership Category

- YES! I would like to join CLHE as an Institutional/Organizational Member: \$95
- YES! I would like to join CLHE as a Sponsor Organization Member: \$75
- YES! I would like to join CLHE as a School of Education Member: \$45

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): \$15
- Student (Must be a full-time student): \$10

II. Register for the Webinar Series

- YES! I would like to register for the 2011-12 webinar series: \$145

III. 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 _____

IV. 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