

CLHE MEMBERSHIP RENEWAL FORM

CLHE Membership Year July 1, 2010 - June 30, 2011

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: \$245
 YES! I would like to join CLHE as a School of Education Member: \$95

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): \$35
 - Student (Must be a full-time student): \$15

II. Renew/Register for the Webinar Series

- YES! I would like to renew/register for the 2010-11 webinar series: \$125
(Regular Price is \$145 for members/\$185 for nonmembers)

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