

**CLHE MEMBERSHIP RENEWAL 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).*

**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 2011-12 webinar series: \$125  
*(Regular Price is \$145 for members/\$185 for nonmembers)*

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**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 \_\_\_\_\_

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#### 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) \_\_\_\_\_

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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