

ICCHE

16W0900102

MEMBERSHIP DUES FORM - 2016

Each institution should designate **one** member as the institutional representative and may also list **ten** additional professional members. If your institution has opted to pay for **more than ten** professional members, be sure to list those as well. Please list your president as a professional member if you wish him/her to receive ICCHE materials.

Type of Membership: Institution Individual

Name of Institution: _____

Type of Institution Academic Consortium Community College
(Check One) Private Institution Proprietary Institution
 Public University

Institution's Address: _____

City: _____ State _____ Zip _____

Phone Number: _____

FAX Number: _____

E-mail Address: _____

Memberships available:

- \$125.00 – One year; Institutional Rep and 10 or your colleagues
- \$200.00 – One year; Institutional Rep and more than 10 or your colleagues
- \$ 75.00 – One year; Individual Membership

PAYMENT METHOD:

Check
Make checks payable to SIU Carbondale

Credit Card

Name on Card: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

Email Address (for receipt): _____

Please return to Jackie Welch at 618/453-5680 or email to jackiew@siu.edu

In order to keep our directory information current, every ICCHE institution (whether a new member or an old member), needs to complete and submit this form.

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PLEASE TYPE THE FOLLOWING INFORMATION TO HELP US AVOID ERRORS:

Institutional Representative

Name

Title

Address

City

State

Zip

Work Phone Number

Fax Number

E-mail Address

Additional Members:

1.

Name

Title

Address

City

State

Zip

Work Phone Number

Fax Number

Email Address

2.

Name	Title
------	-------

Address

City	State	Zip
------	-------	-----

Work Phone Number	Fax Number
-------------------	------------

Email Address

3.

Name	Title
------	-------

Address

City	State	Zip
------	-------	-----

Work Phone Number	Fax Number
-------------------	------------

Email Address

4.

Name	Title
------	-------

Address

City	State	Zip
------	-------	-----

Work Phone Number	Fax Number
-------------------	------------

Email Address

5. _____
Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address

6. _____
Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address

7. _____
Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address

8.

Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address

9.

Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address

10.

Name Title

Address

City State Zip

Work Phone Number Fax Number

Email Address