

NCCHC

2010/2011 MEMBERSHIP APPLICATION

Please type or print

Last Name: _____

First Name: _____

Job Title: _____

College/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Fax: _____

Cell Phone: _____

Email Address: _____

For Institutional Memberships Only

Assistant Name: _____

Phone: _____

Email: _____

MEMBERSHIP CATEGORY (circle one):

Institutional @ \$400

Individual @ \$125

Student @ \$25

Note: The membership fee will not be prorated for part of the year.

You may also register at

www.ncchc.com/membership/application.asp

Institutional Membership: Community, Junior and Technical Colleges as well as similar collegiate institutions and organizations that qualify for institutional membership. Mailings/information will go to the representative (usually the campus president) noted on the membership application/renewal form. This level of membership allows your institution to send multiple representatives to the NCCHC Leadership Symposium and to the AACC Convention at the discounted rates.

Individual Membership: Trustees, faculty members, administrators and other staff members of institutions of higher education that qualify for institutional membership. Individual membership allows other institutional member representatives to receive mailings/information and website "members only" access in addition to the key contact person (if the institution is also a member). Individual memberships transfer to other schools with the individual. An individual membership also qualifies member to attend the NCCHC Leadership Symposium at the member rate even if the institution is not a member.

Student Membership: Currently enrolled students of institutions of higher education that qualify for institutional membership. Student memberships transfer to other schools. A student membership also qualifies member to attend the NCCHC Leadership Symposium at the member rate even if the institution is not a member.

The annual membership year is from July 1 to June 30.

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New Member Returning Member - Year Joined: _____

Payment Method: Check Credit Card

Number (VISA, MC or AE Accepted):

Expiration Date: _____ ID# _____
(Note: ID# is last three digits on back of card)

Name on Card:

Authorized Signature:

Check here if you need us to mail you a payment receipt.

Areas of expertise I would be willing to share with other NCCHC members:

Please mail this completed form along with check (made out to NCCHC) or credit card payment to:

*Executive Director
NCCHC
PO Box 1057
Valley Springs, CA 95252*

**We look forward to working with you during the
coming year!**