

Register me as a: _____ Regular Member (\$82) _____ Student Member (\$52) _____ Emeritus/Retired Member (\$52)

I am a: _____ New Member _____ Returning Member

(PLEASE TYPE OR PRINT CLEARLY.)

Last Name*			First Name*			M.I.			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Institution/Organization			Department			Highest Degree Completed:		<input type="checkbox"/> B.A./B.S. <input type="checkbox"/> M.A./M.S. <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.Ed. <input type="checkbox"/> Ed.D. <input type="checkbox"/> J.D. <input type="checkbox"/> Other		
Mailing Address*			Street Address (if different from mailing)			Ethnic Background:				
City*			State*			Zip Code*			<input type="checkbox"/> American Indian or other Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black or African-American (non-Hispanic) <input type="checkbox"/> White or Caucasian (non-Hispanic) <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Other:	
Country*			Email Address*			All fields marked with an asterisk (*) are required				
Daytime Phone*										

Type of organization that best describes your employment:		Your current position:		Are you the program director for your institution's higher education program?	
<input type="checkbox"/> College/University	<input type="checkbox"/> State Agency	<input type="checkbox"/> Faculty Member	<input type="checkbox"/> Researcher	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Industry	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Graduate Student		I would like to opt out of the <i>Members Only</i> searchable database. <input type="checkbox"/>	
<input type="checkbox"/> Non-profit Association		<input type="checkbox"/> Administrator (college/university)			
<input type="checkbox"/> Research Policy Center		<input type="checkbox"/> Administrator (other)			
<input type="checkbox"/> Other		<input type="checkbox"/> Policy Analyst	<input type="checkbox"/> Other		

CHECK THE COUNCIL(S) TO WHICH YOU BELONG OR WISH TO JOIN.

PLEASE NOTE: *There is no additional charge to belong to one or more of these councils.*

- | | |
|---|---|
| <input type="checkbox"/> Ethnic Participation | <input type="checkbox"/> Public Policy in Higher Education |
| <input type="checkbox"/> International Higher Education | <input type="checkbox"/> Advancement of Higher Education Programs |

AREAS OF INTEREST (Choose 3 areas of interest) 1. _____ 2. _____ 3. _____

- | | | |
|-------------------------------|-----------------------------------|--|
| A. Adult/Continuing Education | I. Finance | Q. Research/Evaluation |
| B. College Student | J. Foundations/History/Philosophy | R. Sociology |
| C. Community Colleges | K. Governance | S. Student Affairs Administration/
Counseling/Human Development |
| D. Comparative/International | L. Innovative/Non-traditional | T. Teacher Education |
| E. Current Issues | M. Legal Issues | U. Vocational/Technical |
| F. Curriculum/Instruction | N. Management Information Systems | V. Gender Issues |
| G. Educational Policy | O. Organization/Administration | |
| H. Faculty Issues | P. Public Policy | |

PAYMENT INFORMATION		Enclose payment, payable to: ASHE (ASHE Federal ID # 52-1071242)	
PAYMENT METHOD: <input type="checkbox"/> Check/Money Order CHECK # _____ <input type="checkbox"/> Credit/Debit Card	Type of credit card:	<input type="checkbox"/> I would like to donate \$ _____ to the Graduate Student Fund.	
	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Card Number:	CVV:
	Membership Fee:	Expiration Date: (MM/YY)	Cardholder's Zip Code:
	<input type="checkbox"/> Regular (\$82.00) <input type="checkbox"/> Student (\$52.00) <input type="checkbox"/> Emeritus/Retired (\$52.00)	Name on Card:	
		Signature:	
	Cardholder's Email (if different from applicant):		