

MEMBERSHIP APPLICATION

Register me as a: _____ Regular Member (\$130) _____ Student Member* (\$75) _____ Emeritus/Retired Member (\$75)

I am a: _____ New Member _____ Returning Member

(PLEASE TYPE OR PRINT CLEARLY.)

Last Name	First Name	M.I.	GRADUATE STUDENT INFORMATION*
Institution/ Organization	Department		Student ID:
Mailing Address	Daytime Phone		Endorser Name:
City	State	Zip/Postal Code	Endorser Email:
Country	Email Address		Endorser Phone:

*Graduate Students: To be eligible for the Graduate Student Membership rate, you have to provide proof that you are a full-time graduate student. You will need to supply the following information on this form: 1) student ID number from your university; 2) endorser name - a current ASHE member or advisor; 3) endorser's email address; and 4) endorser's telephone number. If you are a part-time graduate student, you will need to register as a Faculty/Administrator.

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"/> Industry <input type="checkbox"/> Federal Agency <input type="checkbox"/> Non-Profit Association <input type="checkbox"/> Research Policy Center <input type="checkbox"/> Other		<input type="checkbox"/> Faculty Member <input type="checkbox"/> Policy Analyst <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other <input type="checkbox"/> Researcher <input type="checkbox"/> Administrator (college/university)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I would like to opt out of the <i>Members Only</i> searchable database.	
Sex:	Highest Degree Completed:	Ethnic Background: (Check all that apply)	Faculty Rank:	Are you currently enrolled as a Graduate Student:	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> B.A./B.S. <input type="checkbox"/> M.A./M.S. <input type="checkbox"/> M.Ed. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> J.D. <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian	<input type="checkbox"/> Full Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Other <input type="checkbox"/> No Rank	<input type="checkbox"/> Doctoral <input type="checkbox"/> Masters <input type="checkbox"/> Other	

ASHE COUNCILS Check the council(s) to which you belong or wish to join.		PAYMENT INFORMATION (enclose payment, payable to: ASHE) ASHE Federal ID # 52-1071242			
<input type="checkbox"/> Advancement of Higher Ed. Programs <input type="checkbox"/> Ethnic Participation <input type="checkbox"/> International Higher Education <input type="checkbox"/> Public Policy in Higher Education <small>Please note: There is no additional charge to belong to one or more of these councils.</small>		Payment Method:	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check/Money Order (Check # _____)		
		Type of Credit/Debit Card:	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
		Membership Fee:	<input type="checkbox"/> Emeritus/Retired (\$75) <input type="checkbox"/> Graduate Student (\$75) <input type="checkbox"/> Faculty/Administrator (\$130)		
ASHE COMMITTEES Check the committee(s) to which you would be interested in serving.		I would like to donate \$_____ to the Graduate Student Travel Fund.			
<input type="checkbox"/> Awards <input type="checkbox"/> ASHE Archives/Oral History <input type="checkbox"/> Conference Program <input type="checkbox"/> Dissertation of the Year <input type="checkbox"/> Graduate Student Public Policy <input type="checkbox"/> Membership <input type="checkbox"/> Newcomers <input type="checkbox"/> Newsletter <input type="checkbox"/> Nominations <input type="checkbox"/> Publications <input type="checkbox"/> Site Selection		Card Number:		CVV:	
		Expiration Date (MM/YY):		Cardholder's Zip Code:	
		Name on Card:			
		Cardholder's Email (if different from applicant):			
		Cardholder's Signature:			