



## Membership Renewal / Application Form 2020-2021 Academic Year

Please complete and return by mail, courier or e-mail, along with your payment:

Regular mail:

CONAHEC - University of Arizona  
1430 E Second Street  
P.O. Box 210069  
Tucson, Arizona 85721  
USA

Courier deliveries (FEDEX, UPS, etc.):

Sean Manley-Casimir - CONAHEC  
6050 W Rough Rider Pl.  
Tucson, Arizona 85743  
USA

Tel: (+1) (520) 201-3949

Email: [membership@conahec.org](mailto:membership@conahec.org)

Our institution is / would like to become:

- A North American Member (institutions located in Canada, the U.S. or Mexico)
- An Affiliate Member (institutions located outside the North American region)

Name of the Institution: \_\_\_\_\_

Institution's web site address: \_\_\_\_\_

Our institution is affiliated with (check all that apply)\*:

- UnivCan  ACCC  ACE  AACC  ANUIES  ANUT  ANUP  Not listed

Our institution is accredited by:

- A regional accrediting agency in the U.S.  
Please specify: \_\_\_\_\_

- Federación de Instituciones Mexicanas Particulares de Educación Superior (México)

Our institution is recognized by

- The following national / regional educational authority.  
Please specify: \_\_\_\_\_

\*Applications from institutions/organizations that are not members of one of the organizations listed must be approved by CONAHEC's Board of Directors.

The membership fee is USD \$1,800 per academic year. Please choose one of the following:

- Payment by check. Make a check payable in U.S. dollars to "University of Arizona Ref: CONAHEC".
- Payment by money (wire) transfer: Please contact our office to obtain instructions on how to process a money transfer payment.

# Contact Information:

President / CEO / General Director / Chancellor:

First Name: \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Official Title / Position: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number (include long distance codes): + \_\_\_\_\_

Fax number (include long distance codes): + \_\_\_\_\_

Primary Contact Person (Serves as institutional contact to CONAHEC):

First Name: \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Official Title / Position: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number (include long distance codes): + \_\_\_\_\_

Fax number (include long distance codes): + \_\_\_\_\_

Director of International Programs (or similar):

First Name: \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Official Title / Position: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number (include long distance codes): + \_\_\_\_\_

Fax number (include long distance codes): + \_\_\_\_\_

Exchange Coordinator

First Name: \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Official Title / Position: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number (include long distance codes): + \_\_\_\_\_

Fax number (include long distance codes): + \_\_\_\_\_