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

Tel: (+1) (520) 201-3949
Email: membership@conahec.org

Courier deliveries (FEDEX, UPS, etc.):
Sean Manley-Casimir - CONAHEC
6050 W Rough Rider Pl.
Tucson, Arizona 85743
USA

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): + ___________________________