Membership Renewal / Application Form
2022-2023 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

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 or accreditation agency.
   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 "CONAHEC".

☐ Payment by money (wire) transfer: Please contact our office to obtain instructions on how to process a money transfer payment.

☐ Payment by Credit Card (PayPal): Please send USD $1,850 to cover the membership credit card fee. You can find CONAHEC in PayPal with the email membership@conahec.org. Please email this address with a copy of your receipt and the institution name and year you are making payment for.
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): + ___________________________