



Membership Renewal / Application Form 2018-2019 Academic Year

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

Regular mail:
CONAHEC - University of Arizona
P.O. Box 210158
Tucson, Arizona 85721
USA

Courier deliveries (FEDEX, UPS, etc.):
CONAHEC - University of Arizona
888 N. Euclid Ave, Room 321C
Tucson, Arizona 85721
USA

Tel: (+1) (520) 621-7761

Email: gvaldez@email.arizona.edu

Fax: (+1) (520) 626-2675

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): + _____