



## Membership Renewal / Application 2024-2025 Academic Year

Please complete this form in Adobe Acrobat or by hand and return it via email to:  
[membership@conahec.org](mailto:membership@conahec.org) with a copy (cc) to [conahec@gmail.com](mailto:conahec@gmail.com)

**Contact:**

CONAHEC - University of Arizona  
Attn: Membership Coordinator  
1430 E Second Street  
P.O. Box 210069  
Tucson, Arizona, USA 85721  
Telephone/Text: (+1) (520) 201-3949

Your institution is/would like to become:

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

Name of the institution \_\_\_\_\_

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

Institution affiliations/memberships (check all that apply)\*:

- UnivCan    CiCAN    ACE    AACC    ANUIES    ANUT    ANUP    N/A

Your institution is accredited by:

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

Federación de Instituciones Mexicanas Particulares de Educación Superior (México)

Your institution is duly recognized by:

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

\*Applications from institutions/organizations not members of, or affiliate with, one of the organizations listed above must be approved by CONAHEC's Board of Directors.

**The Annual Membership Fee is USD \$1800 per academic year beginning July 1. For institutions headquartered in countries without an active tax treaty with the USA, the Annual Membership Fee is USD \$3000. Please indicate your preference among the following payment options:**

Check denominated in US Dollars

Wire transfer (all fees must be paid by sender)

Credit card. (Please be aware: If paid by credit card, the Annual Membership Fee is USD \$1860)

Please contact us via e-mail to obtain your invoice and payment instructions at [membership@conahec.org](mailto:membership@conahec.org) copied (cc) to: [conahec@gmail.com](mailto:conahec@gmail.com).

# Contact Information

## **President / CEO / General Director / Chancellor:**

First Name(s): \_\_\_\_\_ Last/Family Name(s): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

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

First Name(s): \_\_\_\_\_ Last/Family Name(s): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

## **Director of International Programs (or similar):**

First Name(s): \_\_\_\_\_ Last/Family Name(s): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

## **Student Exchange Program Coordinator:**

First Name(s): \_\_\_\_\_ Last/Family Name(s): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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