



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 with a copy (cc) to 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 ACCC ACE CiCAN 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 copied (cc) to: 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) + _____