



Global Health Education Consortium : : www.GlobalHealthEdu.org

GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL

Institutional Membership: USD \$2250 / Year | up to 20 faculty/staff members and unlimited student members
**** Add an additional USD \$100 for each faculty/staff member beyond 20.**

Choose One: () New Application () Renewal | **Total Payment Amount:** USD \$_____

() We are adding ____ additional faculty/staff members to our Institutional Membership (USD \$100/each).

Choose One: () Bill Me () Check Enclosed

() MC/Visa/American Express No.: _____ Exp. ___/___ CVV# _____
 (CVV# is the 3 or 4 digit security code)

Name as it appears on Credit Card: _____

Credit Card Billing Address:
 (Street) _____

(City) _____ (State/Province) _____ (Postal Code) _____ (Country) _____

GHEC Federal Tax ID#: 94-3175750

Institutional Memberships carry ten (20) individual memberships.

1 Yr. / \$2250 USD For each individual/faculty membership beyond ten, please include an additional \$100 to the total. Indicate the names and address of all ten individual members in the spaces below. If all have not been selected at this time, the additional names may be submitted to the GHEC Secretariat at a later date.

Institutional membership entitles you to offer *free GHEC memberships* to your students. Upon receiving confirmation of your new (or renewed) membership status, simply tell your students to activate their free membership by submitting their information to GHEC via our website form.

.....
**** Notes about E-mail and the Listserv:**The GHEC Listserv is a very useful tool for communication among members, and a way for the Secretariat to send out announcements and other timely items to all members. Your email address will be **automatically** added to the GHEC Listserv unless you indicate you do **not** want to be included.

Name of Institution:
<i>(Please print the name of the applying institution *exactly* as you want it listed.)</i>

Institutional Member / Faculty 1:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	



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(continued)

Institutional Member / Faculty 2:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 3:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 4:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 5:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 6:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 7:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 8:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 9:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 10:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 14:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 15:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 16:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 17:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 18:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 19:

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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Institutional Member / Faculty 21 (+ \$100 | Add to Total):

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 22 (+ \$100 | Add to Total):

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___ Yes / ___ No (Please check one)		_____ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 23 (+ \$100 | Add to Total):

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
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GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL
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Institutional Member / Faculty 24 (+ \$100 | Add to Total):

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one)		___ Check here if you do not want to be added to the GHEC Listserv	

Institutional Member / Faculty 25 (+ \$100 | Add to Total):

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			
Phone:	Fax:	Email:	
* I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one)		___ Check here if you do not want to be added to the GHEC Listserv	

*** Where a Membership Leader is not indicated, the position will be designated to the first individual listed on the application form.*

Person Completing this Form:

Name:	Phone:	Email:
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Send the completed form with payment to:

GHEC | Membership Dept.
995 Market Street, #1104
San Francisco, CA 94103

Fax: 415-723-7334 | Phone: 415-777-4432
Email: info@GlobalHealthEdu.org
(make checks payable to GHEC)