



GHEC – Membership Department
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GHEC Resident Professional Membership Enrollment Form

(Annual Membership Term: January 1st – December 31st)

To complete the enrollment process, please provide your contact, profile, and payment information below.

****Notes about Email and the Listserv:** Your email address will *automatically* be added to the GHEC 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. If you **do not** want your email address added to the listserv, please indicate this in the provided space. Email addresses are **not** provided to or shared with other organizations.

Individual Membership Type	Annual Rate	Pro-rated Rates (by Join Date)
		Quarter 2 (join Apr - Jun)
Resident Professional	\$ 50.00 USD	\$ 37.50 USD
Program Graduation Date <i>(required)</i>	/	(mm/yyyy)

Prefix:	First Name:	Last Name:	Suffix:
Title:		Degrees:	
University or Other Affiliation:			
Dept. of Practice/Specialty:			
Mailing Address (line 1):			
Mailing Address (line 2):			
Mailing Address (line 3):			
Mailing Address (line 4):			Mailing Address: Office <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>
Mailing Address (line 5):			
Phone:		Fax:	
<input type="checkbox"/> Primary Contact Office <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/>		<input type="checkbox"/> Primary Contact Office <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	
Email:		Other:	
<input type="checkbox"/> Primary Contact Office <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>		<input type="checkbox"/> Primary Contact Office <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	
<input type="checkbox"/> Check here if you want to OPT OUT of the GHEC Listserv			
Membership Dues \$ _____ (Membership to expire December 31 st .) I would like to donate \$ _____ to GHEC.			
Please check one: <input type="checkbox"/> Check: Enclosed <i>(Please make check payable to "GHEC" and forward to the above address.)</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express No. _____			
Exp. _____ / _____ CVV # _____ <i>(CVV# is the 3 or 4 digit security code)</i>			
Name as it appears on Credit Card: _____			
Credit Card Billing Address as it appears on your Statement: (Street) _____ (City) _____ (State/Province) _____ (PostalCode) _____			
Contact information for Credit Card Holder: <i>Please indicate preferred method of contact</i> <input type="checkbox"/> Phone <input type="checkbox"/> Email Phone _____ <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> home Email _____ <input type="checkbox"/> office <input type="checkbox"/> personal			
GHEC EIN: 94-3175750			

GHEC Staff USE ONLY	DR _____	E F M
DE _____	EXP _____	