

## GHEC Free Membership to Students/Residents Enrolled in Institutional Member Schools/Programs Application Form

(Membership expiration date will mirror the sponsoring institution's or upon program graduation, whichever date comes first.)

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

Direct any questions to the GHEC Secretariat at (415) 777-4432 or [membership@globalhealtheducation.org](mailto:membership@globalhealtheducation.org).

**Please check one:**  
 New Application       Renewal

**Please check one:**  
 Student      Anticipated Graduation Date: \_\_\_\_\_ / \_\_\_\_\_  
 Resident      Anticipated Residency End Date: \_\_\_\_\_ / \_\_\_\_\_

### Individual Member Profile & Contact Information

Prefix:	First Name:	Last Name:	Suffix:
Title (i.e., "Medical Student," "Pediatric Resident," etc.):		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 <b>do not</b> want to be added to the GHEC Listserv			

**Send the completed form with payment to:**

GHEC – Membership Dept.  
995 Market Street, Suite 1104  
San Francisco, CA 94103

Fax: (415) 723-7334 | Phone: (415) 777-4432  
Email: [membership@globalhealtheducation.org](mailto:membership@globalhealtheducation.org)

**GHEC Staff USE ONLY**      DR \_\_\_\_\_ E F P  
 DE \_\_\_\_\_      EXP \_\_\_\_\_