

# NCWE MEMBERSHIP APPLICATION

Individual member: \$125.00

Institution – 3 membership- \$295.00 (Three listed members receive all NCWE membership benefits)

Institution – 5 membership- \$495.00 (Five listed members receive all NCWE membership benefits and all employees of the institution are eligible for the member conference discount)

1. Name (Dr., Ms., Mr.) \_\_\_\_\_ Position/Title \_\_\_\_\_  
College/Organization \_\_\_\_\_ Campus \_\_\_\_\_  
Street/P.O. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Additional Group Membership Names \*(list additional names on separate list)

2. Name (Dr., Ms., Mr.) \_\_\_\_\_ Position/Title \_\_\_\_\_  
College/Organization \_\_\_\_\_ Campus \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name (Dr., Ms., Mr.) \_\_\_\_\_ Position/Title \_\_\_\_\_  
College/Organization \_\_\_\_\_ Campus \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

4. Name (Dr., Ms., Mr.) \_\_\_\_\_ Position/Title \_\_\_\_\_  
College/Organization \_\_\_\_\_ Campus \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

5. Name (Dr., Ms., Mr.) \_\_\_\_\_ Position/Title \_\_\_\_\_  
College/Organization \_\_\_\_\_ Campus \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Payment may be made by check, credit card, or institutional purchase order.

Make check payable to NCWE and mail to the address below

Payment by credit card: (check one)  Master Card  Visa

Cardholder's Name (as it appears on card) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Credit Card Number \_\_\_\_\_ Signature \_\_\_\_\_

Mail Application form with payment to: NCWE National Office, 410 Oak Street, Big Rapids, MI 49307