

American Association of Hispanics in Higher Education, Inc.

INSTITUTIONAL MEMBERSHIP

July 1, 2017 – June 30, 2018

Contact Name:			 		
Title:					
Institution:					
Mailing Address:					
E-mail Address:					
Phone Number:					
	Memb	ership Due	es		
	1) 0-5,000 students		\$800		
	2) 5,001–15,000 students		\$1,500		
	3) 15,001+ students		\$2,000		
Please make your c	heck payable to AAHHE and	d mail to:			
c/o Loui Olivas Arizona State Unive 1120 S. Cady Mall, Tempe, AZ 85287-5 Email: olivas@asu.	2 nd Floor, Suite A-207-E 3303				
IRS ID# 30-0150324	4				
		OR			
	Bill to credit card: M/C	□VISA	☐ Ame	rican Express	
Card #			Exp. Date		
(Sig	nature)			(Da	ate)