



Association for the Advancement of Sustainability in Higher Education

Membership Application

Name _____ Position/Title _____

Department _____

Institution or Organization _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Email _____

2nd Email _____

(Please include second email for office assistant or communications department)

CATEGORY	ANNUAL DUES
<i>Institutional Membership (4-yr. and graduate institutions.)</i>	
<input type="checkbox"/> < 1,000 FTE student enrollment	\$500
<input type="checkbox"/> 1,000 - 15,000 FTE student enrollment	\$1,000
<input type="checkbox"/> > 15,000 FTE student enrollment	\$1,500
<i>Institutional Membership (2-yr. institutions)</i>	
<input type="checkbox"/> < 5,000 FTE student enrollment	\$250
<input type="checkbox"/> > 5,000 FTE student enrollment	\$500
<i>System Office / NGO / K-12 School / Government Partner</i>	
<input type="checkbox"/> < \$15 million budget	\$250
<input type="checkbox"/> \$15 - \$250 million budget	\$500
<input type="checkbox"/> >\$250 million budget	\$750
<i>Business Partner</i>	
<input type="checkbox"/> < \$1 million annual sales	\$250
<input type="checkbox"/> \$1 million - \$5 million annual sales	\$500
<input type="checkbox"/> \$5.1 million - \$25 million annual sales	\$1,000
<input type="checkbox"/> \$25.1 million - \$100 million annual sales	\$1,500
<input type="checkbox"/> > \$100 million annual sales	\$5,000
Additional Donation:	\$ _____
Total:	\$ _____
<i>Membership covers all individuals in the institution or organization. Your renewal date will be the 1st day of the month following your initial membership application. (For example, if your institution joins AASHE on January 15th, 2007 the renewal date will be February 1st, 2008.)</i>	
Please make check in US\$ payable to "AASHE" and mail to address below with this form.	

For credit card payment, complete the following and fax this form, or call the office at the number below:

Name on credit card _____ Type (Visa, MC, etc.) _____

Account # _____ Exp. date _____ Phone _____

Billing address _____

Cardholder Email _____

AASHE ♦ 213 ½ N. Limestone ♦ Lexington, KY 40507 ♦ p. (859) 258-2551 ♦ f. (859) 258-2264 ♦ info@ashe.org

AASHE is a 501(c)(3) organization. Your contribution is tax deductible (tax ID number: 22-3319874)

Thank you for your membership!