



International CHRIE Membership Application

Please type/print legibly

Upgrade New Member Membership Renewal ID# _____

Fields marked "*" must be completed for application to be processed. *I was referred to International CHRIE by:* _____

Company*	Position Title*	Department/Program
Last Name*	First Name*	Middle Initial
Street Name (__ business / __ home)*		Apartment/Room Number
City*	State/Province*	Country*
Telephone (business) _____ <i>(International applicants - please provide country and city dialing codes)</i>		Telephone (home)* _____
Email Address*	Website URL	

Please complete all of the information applicable before indicating your payment method

MEMBERSHIP CATEGORIES AND RATES			
Special Individual US\$25 <ul style="list-style-type: none"> Graduate Student Secondary school educator Adjunct and part-time faculty Emerging nations individual Retired educator Included: 1 Full Member <input type="checkbox"/>	Exclusive Individual US\$205 <ul style="list-style-type: none"> Educator at 2-year school Educator at 4-year school Corporate individual Included: 1 Full Member <input type="checkbox"/>	Emergent Premium Institution US\$105 <ul style="list-style-type: none"> Emerging nations school Secondary school Included: 5 Full Members 15 Associate Members <input type="checkbox"/>	Executive US\$365 <ul style="list-style-type: none"> 2-year institution Included: 1 Full Member <input type="checkbox"/>
Executive US\$565 <ul style="list-style-type: none"> 4-year institution Corporate Included: 1 Full Member <input type="checkbox"/>	Premium Institutional US\$565 <ul style="list-style-type: none"> 2-year institution Included: 5 Full Member 15 Associate Members <input type="checkbox"/>	Premium Institutional US\$1030 <ul style="list-style-type: none"> 4-year institution Corporate Included: 5 Full Member 15 Associate Members <input type="checkbox"/>	Premium Institutional US\$2000 <ul style="list-style-type: none"> Any institution Included: 10 Full Member 25 Associate Members <input type="checkbox"/>
TOTAL \$ _____			

Please return application & payment to:

International CHRIE
 2810 North Parham Road, Suite 230
 Richmond, Virginia USA 23294
 Telephone: +01 (804) 346-4800
 Email: membership@chrie.org

Payment Option:

- ___ Check *(make payable to ICHRIE)*
- ___ Credit card
- ___ Wire

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
_____ Name as it appears on card Expiration date
_____ Card number Security code
_____ Billing address <i>(if different than above)</i>
_____ Address continued
_____ Signature Date