



Global Health Education Consortium :: www.GlobalHealthEdu.org

GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT :: RENEWAL

Institutional Membership for Health-related Non-Government Organizations : USD \$500 / Year | up to 10 staff members | USD \$100 charged for each additional faculty/staff member beyond 10.

Check One: () New Application () Renewal | **Total Payment Amount:** USD \$_____

() We are adding ____ additional faculty/staff members to our Institutional Membership (\$75/each).

Check One:

() Check Enclosed

() MC/Visa/American Express No.: _____ Exp. ___/___ CVV# _____
(CVV# is the 3 or 4 digit security code)

Name as it appears on Credit Card: _____

Credit Card Billing Address:
 (Street) _____

(City) _____ (State/Province) _____ (Postal Code) _____ (Country) _____

GHEC Federal Tax ID#: 94-3175750

Institutional Memberships for Health-related Non-Government Organizations carry ten (10) individual memberships. 1 Yr. / USD \$500 For each staff membership beyond ten, please include an additional \$100 to the total. Indicate the names and address of the individual members in the spaces below. If all have not been selected at this time, the additional names may be submitted to the GHEC Secretariat at a later date.

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**** Notes about E-mail and the 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. Your email address will be **automatically** added to the GHEC Listserv unless you indicate you do **not** want to be included.

| |
|---|
| Name of Institution Applying for Membership: |
| <i>(Please print the name of the applying institution *exactly* as you want it listed.)</i> |

Institutional Member / Faculty 1:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |



GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL
(continued)

Institutional Member / Faculty 2:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 3:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 4:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |



GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL (continued)

Institutional Member / Faculty 5:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 6:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 7:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |



GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL
(continued)

Institutional Member / Faculty 8:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 9:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 10:

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |



GHEC INSTITUTIONAL MEMBERSHIP ENROLLMENT : : RENEWAL
(continued)

Institutional Member / Faculty 11 (+ \$75 | Add to Total) :

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

Institutional Member / Faculty 12 (+ \$75 | Add to Total):

| | | | |
|---|-------------|---|---------|
| Prefix: | First Name: | Last Name: | Suffix: |
| Title: | | Degrees: | |
| Dept. of Practice/Specialty: | | | |
| Mailing Address (line 1): | | | |
| Mailing Address (line 2): | | | |
| Mailing Address (line 3): | | | |
| Mailing Address (line 4): | | | |
| Phone: | Fax: | Email: | |
| * I will act as our membership's designated "Leader" and should be the recipient of all GHEC renewal notices. ___Yes / ___No (Please check one) | | _____ Check here if you do not want to be added to the GHEC Listserv | |

*** Where a Membership Leader is not indicated, the position will be designated to the first individual listed on the application form.*

Person Completing this Form:

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

Send the completed form with payment to:

GHEC | Membership Dept.
995 Market Street, #1118
San Francisco, CA 94103

Fax: 415-723-7334 | Phone: 415-680-6609
Email: info@GlobalHealthEdu.org
(make checks payable to GHEC)