



An Association for Alternative and External  
Degree Programs for Adults

## MEMBERSHIP FORM

First name

Last name

Position/Title

Institution

Program name

Address

City

State/Province

Postal Code

Country

Day phone

Evening phone

Email

Program web site

Type of membership

Organizational\* (\$120)

Individual (\$60)

Emeritus (\$35)

Student\*\* (\$35)

\*Institutional web site required for Institutional Membership (see above).

\*\*Advisor's name, email, and signature required.

Advisor's name

Advisor's email

---

Advisor's signature

How did you hear about AHEA?

Referral

Internet

Professional Journal

Other (please specify)

**Please make check payable, in U.S. funds, to AHEA.  
Send payment and this *completed* form to:**

**The Adult Higher Education Alliance  
Jeff Aulgur, Treasurer  
919 Eastwood  
Russellville, AR 72801**