Membership Intent Data Sheet

Name of school: ____

College Chief Executive Name: ______________________________________

Title: ______________________________________

Telephone Number: ____________________ Fax Number: ________________

Mailing Address: ____

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Email Address: ____

Secretary's Information

Name: ____________________________ Phone Number: ________________

Email Address: ____

Affiliating Medical Center Name: ______________________________________

Organization Status: Private ___ Public ___ Governmental ___ 501c3 Y ___ N ___
(Check all that apply) For Profit ___ Not for Profit ___

Please provide brief overview of college; programs offered; size of student body; accreditation status; etc.

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As the representative of this institution, I hereby agree to pay the initial membership fee of $1,000.00 upon receipt of invoice and the annual dues in subsequent years.

____________________________ ____________

Institution Representative (Signature) Date

____________________________ ____________

AHSEC Current Member Sponsor (Signature) Date

Office use only		
____________________________	____________	______________
AHSEC Approving Officer (Signature)	Date	Invoice Sent – Date