



IAPCHE

International Association for the Promotion of Christian Higher Education
Informing, equipping, and connecting individuals and institutions in higher education worldwide since 1975

IAPCHE Affiliate Membership Application

Organization Information

Organization Name: _____

Mailing Address: _____

Web Address: _____

Please write a 100-word description of the mission and activities of the organization: _____

Primary Contact Person

Responsible for communicating with IAPCHE central office, paying dues, and managing member profile online.

Name: _____

Position: _____

Email Address: _____ **Phone Number:** _____

Affiliate member dues are \$50.00/year. Members will receive the quarterly Contact newsletter by email unless an extra payment of \$30/year is received to cover printing and shipping of print copies. Payments may be made via Paypal, Credit Card, Check, or Bank Transfer. Email office@iapche.org for information.

Yes, our organization agrees to support this unique ministry of networking and equipping Christian higher education around the world.

Signed: _____ **Date:** _____

Role in Organization: _____

Thank you for your interest in joining the IAPCHE family!

Please email this form to office@iapche.org for review by IAPCHE's leadership. You will be informed about the status of your membership shortly. Your information will be converted to your member profile on www.iapche.org. Feel free to email Laura (office@iapche.org) with any questions.