Coalition for Disability Access in Health Science Education

*In partnership with AHEAD*



# 2021-2022 Membership Application

## Our membership year runs September 1st, 2021 - August 31st, 2022. Please submit all pages of this application and payment either by Fax, US Mail or email to:

AHEAD

ATTN: Jane Johnston  
Address: 8015 West Kenton Circle, Suite 230 Huntersville, NC 28078

Email: [ahead@ahead.org](mailto:ahead@ahead.org)

Fax: 704-948-7779

For questions, please call: (704) 947-7779

## Membership Type

Individual: $75  
 Institutional (up to five members): $185

## Membership Information

Institution name:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Email** | **Listserve Access?** |
| **Member 1** |  |  | Yes  No |
| **Member 2** |  |  | Yes  No |
| **Member 3** |  |  | Yes  No |
| **Member 4** |  |  | Yes  No |
| **Member 5** |  |  | Yes  No |

### Does your organization offer Bachelor’s level or higher health science programs? Check all that apply.

Medical School  
 Nursing School  
 Dentistry School  
 Pharmacy

Physical Therapy

Occupational Therapy

Speech/Language Pathology

Vet School  
 Other (please list):

## Payment Instructions

Please indicate if you will pay by Check, Purchase Order, or Credit Card and complete the requested information. **AHEAD’s FEIN number is: 34-1265325.**

### Email Address for Receipt:

Check enclosed payable to AHEAD in US funds, Check Number:

Purchase Order for AHEAD, Purchase Order Number:

Credit Card (AHEAD accepts MasterCard, VISA, American Express and Discover Cards)

Billing Address:

16 Digit Card Number:

Expiration Date:

3 Digit Security Code:

Cardholder’s Name:

Cardholder’s Phone Number:

Cardholder’s Signature:

Please submit all pages of this application and payment either by Fax, US Mail or email to:

AHEAD

ATTN: Jane Johnston  
Address: 8015 West Kenton Circle, Suite 230 Huntersville, NC 28078

Email: [ahead@ahead.org](mailto:ahead@ahead.org)

Fax: 704-948-7779

For questions, please call: (704) 947-7779