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

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:

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