



CENTRAL FLORIDA HIGHER EDUCATION ALLIANCE

# Central Florida Higher Education Alliance

## NEW Membership Application: Annual Membership \$250 for two representatives

(2019-2020 Membership years runs July 1<sup>st</sup>, 2019 – June 30<sup>th</sup>, 2020)

### Applicant Information

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Street Address

City

State

ZIP Code

Phone: \_\_\_\_\_ Website \_\_\_\_\_

### Representatives

#### Representative #1

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Best Number to Reach you: \_\_\_\_\_

Email: \_\_\_\_\_

#### Representative #2

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Best Number to Reach you: \_\_\_\_\_

Email: \_\_\_\_\_

*Annual membership: 2 representatives per institution; July 1st-June 30th annually. Occasionally both representatives are unable to attend an event, in this case please feel free to share with another representative not listed above. If there is anyone within your organization you would like to be added to our email distribution list other than the two member representatives, please include their name and email below.*

**Email Distribution Add-on:** Name \_\_\_\_\_

**Email Distribution Add-on:** Email \_\_\_\_\_

Regionally Accredited By: \_\_\_\_\_

Physical Central Florida Address (Orange, Seminole, Osceola, Lake, Volusia, or Brevard Counties):  
\_\_\_\_\_  
\_\_\_\_\_

Website Address: (If local campus is different from main website)  
\_\_\_\_\_

Type of Institution: (ie; Private, Public, Not-for-profit, etc.):

\_\_\_\_\_ Private      \_\_\_\_\_ Public      \_\_\_\_\_ Consortium of regionally accredited institutions

Current Degree Offerings: (Attach additional documentation if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Delivery:

\_\_\_\_\_ Local Campus    \_\_\_\_\_ Online    \_\_\_\_\_ Local campus and online programs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Institution name), agrees to meet the following membership guidelines in good standing requirements as defined in the CFHEA Bylaws (Article III, Section 1D):

1. Be represented at a minimum of two (2) general membership meetings during the fiscal year
2. Have booked two (2) education fairs during the fiscal year,
3. Be current on yearly dues.

Signature of School Representative \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_

**Return the Application to:** CFHEA President 4850 Millenia Blvd Orlando, FL 32839

**Application may be submitted via email to [info@cfhea.net](mailto:info@cfhea.net)**

“Dues will be assessed once offer of membership has been extended: The incoming Board of Directors will vote each year by a 2/3 majority on the amount of annual membership dues required for the organization based upon the new fiscal year budget. Each year, the Board of Directors will review and either approve or revise the CFHEA Standing Requirements and By-laws.”