



CENTRAL FLORIDA HIGHER EDUCATION ALLIANCE

Central Florida Higher Education Alliance

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

(Membership years runs July 1st, 2020 – June 30th, 2021)

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

“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.”