

New Membership Application: Membership For Two Representatives \$250

(Membership year: July 1st, 2022 - June 30th, 2023

Name		
Street Address		
City	State	Zipcode
Phone		Website
Regionally Accredited	Ву:	
Type of Institution: (Pri	ivate, Public)	(For Profit, Not-for-Profit)
_	a Address if Local Campu ceola, Lake, Volusia, or Bro	s is Different from Main Campus evard Counties):
Street Address		
City	State	Zipcode
Phone		Website
Course Delivery (Local	Campus, Online, Both)	Highest Level of Degree Offered
Current Degree Offerin	gs: (Attach additional doc	umentation if necessary)
Main Degree Focus for	Central Florida Region:	

Full Name	Title
Office Number	Email
Cell Number	
Representative #2:	
Full Name	Title
Office Number	Email
Cell Number	
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email distribution list other that include thei include their rull Name Full Name (Include their rull Name Article III, Section 1D):	ean the two member representatives, please r name and email below. Email Email Institution Name), agrees to meet the following ng requirements as defined in the CFHEA Bylaws In general membership meetings during the fiscal year
email distribution list other that include thei include their rull Name Full Name (Include their rull Name (Include the	Email Email Email Institution Name), agrees to meet the following and requirements as defined in the CFHEA Bylaws In general membership meetings during the fiscal year

Representative #1:

Application and High Resolution Logo must be submitted via email to CentralFloridaHigherEdAlliance@gmail.com

"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."