



New Membership Application:
Membership For Two Representatives
\$150
(Membership year: January 1, 2024 -
December 31, 2024)

Name

Street Address

City **State** **Zipcode**

Phone **Website**

Regionally Accredited By:

Type of Institution: (Private, Public) **(For Profit, Not-for-Profit)**

**Physical Central Florida Address if Local Campus is Different from Main Campus
(Orange, Seminole, Osceola, Lake, Volusia, or Brevard Counties):**

Street Address

City **State** **Zipcode**

Phone **Website**

Course Delivery (Local Campus, Online, Both) **Highest Level of Degree Offered**

Current Degree Offerings: (Attach additional documentation if necessary)

Main Degree Focus for Central Florida Region:

Representative #1:

Full Name	Title
Office Number	Email
Cell Number	

Representative #2:

Full Name	Title
Office Number	Email
Cell Number	

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.

Full Name	Email
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Full Name	Email
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_____ (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 general membership meetings during the fiscal year
2. Have booked two education fairs during the fiscal year
3. Be current on yearly dues.

_____ Signature of School Representative

_____ Printed Name of Representative

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.”