



ICHRIE Membership Application

Please type/print legibly

Upgrade New Member Membership Renewal ID# _____

Fields marked "*" must be completed for application to be processed.

Company*	Title	Department/Program*
Last Name*	First Name*	Middle Initial
Street Address (<input type="checkbox"/> Business <input type="checkbox"/> Home)*		Apartment/Room No.
City*	State/Province*	Country*
		Zip/Postal Code*
Telephone (business)	Fax	Telephone (home)
Email Address*	Web Site Address*	
FR: _____		
I was referred to International CHRIE by:		
<i>(International applicants - please provide country and city dialing codes)</i>		

Please complete all of the above information applicable before indicating your payment method

Individual Memberships

Educators at ...

- (A) Institutions Granting Baccalaureate and Graduate Degrees
- (B) Institutions Granting Associate Degrees, Certificates, and Diplomas
- (C) Educator at Secondary Schools
- (D) Retired Educator
- (E) Graduate Students
- (F) Industry Professional/Association/Business/Government Executive

Annual Membership Dues

- US\$205.00 Federation
- US\$165.00 Federation
- US\$105.00 Federation
- US\$105.00 Federation
- US\$105.00 Federation
- US\$205.00 Federation

Institutional Memberships

Institutions Granting ...

- (H) Baccalaureate and Graduate Degrees
- (I) Associate Degrees, Certificates, and Diplomas

- US\$565.00 Federation
- US\$365.00 Federation

Association/Corporation/Organization Memberships

- (K) Association/Corporation/Organization
- (L) Premium: Multi-type membership
(Includes one Institution/Organization and two (2) individual contacts)

- US\$565.00 Federation
- US\$1,030.00 Federation

Please return completed application and payment to:

International CHRIE
2810 North Parham Road, Suite 230
Richmond, Virginia USA 23294
Telephone: +01 (804) 346-4800
FAX: +01 (804) 346-5009
Email: membership@chrie.org

Total US\$ _____

Visa MasterCard American Express Discover

Name as it appears on card *Exp. Date*

Card Number *3 digit security #*

Billing Address (if different than above)

Signature *Date*

Check enclosed Purchase Order
 Enclosed
(make check payable to ICHRIE)