AHEAD Membership Application

Membership Year: January 1 - December 31 of each year.
Members who join during the last quarter of any calendar year will receive membership for the following year, in addition to the balance of the current year.

Please submit all applicable pages of this application and payment either by Fax or US Mail to:
AHEAD, ATTN: Jane A. Johnston, 107 Commerce Centre Drive, Suite 204, Huntersville, NC 28078
Ph: 704-947-7779 FAX 704-948-7779

Name: ____________________________ Title: ____________________________

Institution/Organization: ____________________________________________

Address: __________________________________________________________

______________________________________________________________

City: ____________________________ State/Prov: __________________________

Zip/Postal Code: __________________ Country: ____________________________

Telephone: ___________________ Fax: _________________________________

E-mail: ________________________________

Web site: __________________________________________________________

Membership Category

____ Full Professional, $245.00
____ Developing Country Full Professional $25.00
   (see http://www.ahead.org/membership/categories for detail)
____ Associate, $175.00
____ Pre-professional, $95.00
____ Institutional Silver, $295.00
____ Institutional Gold, $595.00 (Includes 3 members, complete information on page 3.)
____ Institutional Platinum, $895.00 (Includes 5 members, complete information on page 3.)
____ Additional Professional, $175.00
____ Emeritus, $95.00
____ Partner (not-for-profit), $395.00
____ Partner (for-profit), $695.00

As an accommodation for a disability, please provide printed Association materials in:

____ E-Text
**Special Interest Group (SIG) Selection** (Please select membership in up to three SIGs for each member represented on this application by placing the initials of each person on the line preceding the SIG name)

___ADA Coordinators  
___Autism Spectrum/Asperger’s Syndrome  
___Blindness/Visual Impairment  
___Career Planning/Placement  
___Community Colleges  
___Deaf and Hard of Hearing  
___Disability Studies  
___Graduate and Professional Students – “GAP”  
___Head Injury  
___Independent Colleges and Universities  
___LD – AD/HD  
___Online and Distance Learning  
___Psychiatric Disabilities  
___Racial and Ethnic Diversity and Disability – “REDD”  
___Student Athletes with Disabilities  
___Technology  
___Veterans/Wounded Warriors

**Journal of Postsecondary Education and Disability (JPED) Selection**
Membership in AHEAD includes a complimentary subscription to the JPED in DAISY, Word, PDF, and Audio formats. Members wishing to subscribe and receive the JPED in print format may do so for a cost-recovery subscription fee of $50. If you would like to subscribe to the print format please indicate your choice by checking here: ______

**Total Amount Due:** ______________________

**Payment Information**

_____ Check enclosed payable to AHEAD in US funds, Check #: __________________

_____ Purchase Order for AHEAD, Purchase Order #: __________________

_____ Credit Card*

Billing Address (Required for all credit card transactions):
________________________________________________________________
________________________________________________________________

Account Number (16 digits): ______________________________

Expiration Date: _____/_____, 3-Digit security code ________

Cardholder’s Name (as it appears on card): ______________________________

Cardholder’s Signature: ______________________________

Cardholder’s phone number: ______________________________

* AHEAD accepts MasterCard, VISA, American Express and Discover Cards

**AHEAD FEIN# 34-1265325**
For Institutional Gold Members – Please provide the contact information for up to two other Full Professional Members from your institution.

For Institutional Platinum Members – Please provide the contact information for up to four other Full Professional Members from your institution.

Name: ___________________________ Title: ___________________________
Institution/Organization: ___________________________
Address: __________________________________________
________________________________________________
City: ___________________________ State/Prov: _______________________
Zip/Postal Code: __________________ Country: _______________________
Telephone: ______________________ Fax: _________________________
E-mail: ________________________ DOB (mm/dd): __________________

Name: ___________________________ Title: ___________________________
Institution/Organization: ___________________________
Address: __________________________________________
________________________________________________
City: ___________________________ State/Prov: _______________________
Zip/Postal Code: __________________ Country: _______________________
Telephone: ______________________ Fax: _________________________
E-mail: ________________________ DOB (mm/dd): __________________

Name: ___________________________ Title: ___________________________
Institution/Organization: ___________________________
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________________________________________________
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E-mail: ________________________ DOB (mm/dd): __________________

Name: ___________________________ Title: ___________________________
Institution/Organization: ___________________________
Address: __________________________________________
________________________________________________
City: ___________________________ State/Prov: _______________________
Zip/Postal Code: __________________ Country: _______________________
Telephone: ______________________ Fax: _________________________
E-mail: ________________________ DOB (mm/dd): __________________