



## 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: Robert Plienis, 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: \_\_\_\_\_

Please provide the month and day of your birth (e.g. May 15): \_\_\_\_\_

### 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 \$40. 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: \_\_\_\_\_

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): \_\_\_\_\_