

2017 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, US Mail or email to:

AHEAD, ATTN: Jane A. Johnston
107 Commerce Centre Drive, Suite 204
Huntersville, NC 28078

Email: ahead@ahead.org
Phone: 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, \$265.00
- Developing Country Full Professional \$25.00
(see <http://www.ahead.org/membership/categories> for detail)
- Associate, \$195.00
- Pre-professional, \$95.00
- Institutional Silver, \$325.00
- Institutional Gold, \$665.00 (Includes 3 members, complete information on page 3.)
- Institutional Platinum, \$995.00 (Includes 5 members, complete information on page 3.)
- Institutional Diamond, \$1595.00 (Includes 9 members, complete information on page 3.)
- Additional Professional, \$195.00
- Student, \$40.00
- 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 Groups: AHEAD hosts 16 SIGs. Each has posted resources on the AHEAD website for all AHEAD members. As a member, you can connect actively with the work of any of the SIGs by signing up for the listserv of the SIGs that interest you at:

<https://www.ahead.org/resources/discussion-lists>

- 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”
- Independent Colleges and Universities
- LD – AD/HD
- Online and Distance Learning
- Mental Health Disability
- Racial and Ethnic Diversity and Disability – “REDD”
- Student Athletes with Disabilities
- Technology
- Veterans with Disabilities in Higher Education

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.

For Institutional Diamond Members – Please provide the contact information for up to **eight 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): _____
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: _____
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E-mail: _____ DOB (mm/dd): _____

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