

ICCHE

MEMBERSHIP LISTING

TO BECOME A MEMBER...

In order to keep our directory information current, every ICCHE institution (whether a new member or an old member), needs to complete and submit this form.

Each institution should designate **one** member as the institutional representative and may also list **ten** additional professional members. Please list your president as a professional member if you wish him/her to receive ICCHE materials.

PLEASE TYPE THE FOLLOWING INFORMATION TO HELP US AVOID ERRORS:

Name of Institution: _____

Type of Institution: _____ Academic Consortium
(Check One) _____ Community College
_____ Private Institution
_____ Proprietary Institution
_____ Public University

Institution's Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

FAX Number: _____

E-mail Address: _____

Current Year: 2007-2008

Please fax a copy to Lynn Blomberg at 618/236-0928 or email a copy to lynn.blomberg@swic.edu.

Institutional Representative

Name

Title

Address

City

State Zip

Work Phone Number

Fax Number

E-mail Address

Additional Members:

Name

Title

Address

City

State Zip

Work Phone Number

Fax Number

E-mail Address

Name

Title

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Work Phone Number

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