

Submit this application for membership approval. NCHSE Executive Committee reviews membership requests. An invoice will be generated for your affiliation dues:  
Group Membership \$2500.00 or \$1500.00 without travel benefits. • Publishers/Resources Coalition Member • \$1500.00

**Name of group/organization:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Institution Address:** \_\_\_\_\_

**Representative Business Address (if different):** \_\_\_\_\_

**Representative Home Address (individual member):** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Organization Website Address:** \_\_\_\_\_

**Primary Business/Education Interest:** \_\_\_\_\_

If applying for group membership, please answer the following questions:

**Number of members represented by organization/institution:**

- Less than 100     101-250     251-500     501-1000     1001-2500  
 2501-5000     5001-10000     10001-25000     more than 25000

**Nature of organization/institution:**

- Association/Organization  
 Business, Publisher, Classroom Resources  
 Health Services  
 Government/State Education Agency  
 Secondary Educational Institution  
 Community College  
 University

**Is your organization/institution non-profit?**

- Yes                       No

**Mail completed application to:**

**National Consortium for Health Science Education (NCHSE)**

Nancy H. Allen, Interim Executive Director

Email: [nancy@healthscienceconsortium.org](mailto:nancy@healthscienceconsortium.org)

NCHSE Office • 503 Frandor Mall Court, No. 321 • Lansing, MI 48912

Phone: (385) 255-7850