



Membership Application

Inaugural Membership Period:
July 2008 through December 2009

♦ *18 months of membership
for the cost of 12 months during the
inaugural period* ♦

Name: _____ **Date of Application:** _____

Position: _____ **Department:** _____

Institution/Affiliation: _____

Campus Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Membership Type

- Institutional** **\$300** Up to 5 individuals from an institution, organization, corporation, or agency that are interested in supporting the goals and mission HEAASC (each additional professional member is \$50, and each additional student is \$10) – Please attach above information for each additional member.
- Professional** **\$75** Individual whose job is to actively promote the academic and personal success of student parents a higher education setting
- Associate** **\$50** Individual whose interests or activities are consistent with the mission and objectives of the HEAASC organization
- Student** **\$25** Student that is enrolled at least part time in a college or university program

Payment Submission

Dues must be paid at the time of registration
Checks made payable to HEAASC

Mailing Address

HEAASC, c/o Access Collaborative, OSU
2724 Defiance Dr., Columbus, OH 43210

For more information, please contact Jessica Parent, Membership Coordinator, at parent.22@osu.edu.

Organization Use Only

- Payment received for Membership: (date: _____)
- Application added to membership database
- Member added to listserv
- Member sent HEAASC Bylaws