

## ANTSHE Current Date

## **Association for Nontraditional** Students in Higher Education Membership Form

information for application for						
membership. You will be contacted within 2 business days to confirm membership.	Name					
TYPE OF MEMBERSHIP	Address					
Select one:	City			State		
Slection one:	Country		Phone Num	nber		
	Fax Number		Cell Phone			
PRIM	MARY EMAIL:					
Provide the following information in the second Name of School			Office Phone			
Address			Box or PO#			
City	State					
Zipcode	Website	Address				
Academic Professional please indicate	te office and title:					
Does your institution have an office f Support Services or Nontrad Club?	for Nontraditional	l Student				
ANTSHE is alway looking for dedicate advocate on behalf of all Nontraditio				Interested in serv	ring ANTSHE?	
Please indicate the type of memb	ership you are	applying for:				
Membership	Membership I			ee (payment options below)		
Anticipated Grad date:		Please indic	cate your method of Pay	ment		
Var may print and mail your mamba	rchin with vour r	asument to or c	imply a mail			

this form and use the Paypal option to submit your payment online: **ANTSHE Membership** 

c/o Mr. Gabe DeGabriele 315 Grand View Park Dr. Grand Junction, CO. 81503

Phone: 360.539.4761/ Fax 866.887.9940 Please retain a copy of this printed form for your records

If you are joining ANTSHE with an institution or organization you must list those individual members of your organization you wish to include. Please provide the following information:

First Name	Last Name:	Туре:
Phone:	Email:	
	_	
First Name:	Last Name:	Type:
Phone:	Email:	
First Name:	Last Name:	Type:
Phone:	Email:	
	_	
First Name:	Last Name:	Type:
Phone:	Email:	
	7	
First Name:	Last Name:	Type:
Phone:	Email:	
Additional Members:		
Use this field for		
additional organizational		
members		
Signed By		