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Sustaining Member Receive full NSEE benefits for up to 20 people from your institution or organization plus special recognition throughout the year. Additional people beyond the 20 may be added for \$85 each.

Institutional Member Receive full benefits for up to 8 people plus special recognition. Designate one person as the primary NSEE liaison. Additional people beyond 8 may be added at \$85 each.

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Retired Faculty/Staff For individual retired faculty/staff.

Join NSEE today! Simply complete the application below and return with payment. Thank you!

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Referred By _____

NAME _____

ORGANIZATION/INSTITUTION _____

TITLE / DEPARTMENT _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP _____ COUNTRY (IF OUTSIDE US) _____

PHONE _____

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WHERE DID YOU LEARN ABOUT NSEE? _____

Additional benefits from your NSEE membership available below. Sign up today!

Special Interest Groups (join up to 3)

- Arts and Culture
- Assessment, Evaluation & Research
- Career Development
- Cooperative Education & Internships
- Cross-Cultural/International
- Deliberative Democracy, Environmental Studies & Social Justice
- Learning in Classroom
- Service-Learning

Networks (join one)

- Community Colleges
- Faculty & Four-Year Colleges & Universities
- Secondary Education (K-12)
- Site Sponsors

SIG and Network Chairs are listed on the back of the NSEE Quarterly and our website. Contact your chairs to become actively involved.

Membership Type (pick one)

- Student \$ 50
 - Individual \$ 150
 - Institutional \$ 500
 - Sustaining \$1,000
 - Retired Faculty/Staff \$100
- TOTAL MEMBERSHIP \$ _____

NSEE Annual Scholarship Fund (optional, pick one)

- Friend \$10
 - Sponsor \$30
 - Patron \$50
 - Benefactor \$100
 - Bronze Benefactor \$250
 - Silver Benefactor \$500
 - Gold Benefactor \$750
 - Corporate Sponsorship \$1,000+
- TOTAL DONATION \$ _____

Payment Information (prepayment is required)

Check or Money Order Enclosed

Credit Card: VISA MASTERCARD

CARD NO. _____ EXP. DATE _____

CARDHOLDER'S NAME _____

SECURITY CODE _____

SIGNATURE _____

TOTAL PAYMENT (MEMBERSHIP + DONATION) \$ _____

Send completed form to:
NSEE Membership, 19 Mantua Rd., Mt. Royal, New Jersey 08061
 or fax to: **(856) 423-3420**