

**ALABAMA ASSOCIATION OF HIGHER EDUCATION  
DIVERSITY OFFICERS (ALAHEDO)**

**2017-2018 Individual Membership Form**

*Please Complete All Information Requested*

**1. Name:**

**2. Position/Title:**

**3. Email:**

**4. Phone Number (s):**

**5. Permanent Mailing**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**6. Employment Classification: (Check One)**

\_\_\_\_ Staff      \_\_\_\_ Faculty      \_\_\_\_ Administrator

**7. University/Employer:** \_\_\_\_\_

**8. Years of Employment at Current Employer:** \_\_\_\_\_

**Individual membership fees are \$25.00 and include voting privileges at all association meetings, the right to bring diversity issues to the association and the opportunity and serve on committees and attend the annual conference.**

Make checks payable to **ALAHEDO** and return payment, application form and curriculum vitae to:

**Alabama Association of Higher Education Diversity Officers (ALAHEDO)  
P. O. Box 11863, Huntsville, AL 35814**