

Northeast Regional Honors Council (NRHC)

Membership Application

Date: _____	
Contact Information	
Your institution:	
Title (Dr., Ms., Mr.):	
First name	
Middle initial:	
Last name	
Your position:	
Address at institution:	Street Address:
	City ST ZIP Code:
Office Phone:	
Home Phone (optional):	
E-Mail Address:	
Fax number:	

Membership	
Please check desired membership. (*NOTE: Your Honors Program must have a paid, institutional membership for faculty, staff, or students to qualify for affiliated membership.)	
___	*Institutional (includes membership for the director) - \$50
___	*Faculty or staff at member institution - \$20
___	*Student at member institution - \$15
___	Non-affiliated individual - \$30

Payment
Please make check payable to NRHC.
Please remit payment with completed application to:
Dr. Shirley Shultz Myers Honors Director Gallaudet University 800 Florida Avenue, NE, SAC 1226 Washington, DC 20002 Work: (202) 651-5550 Fax: (202) 651-5896 E-mail: shirley.myers@gallaudet.edu