JOIN THE HIGHER EDUCATION PARTNERSHIP TODAY!

Yes, I would like to join the Partnership!
Level I Membership:
_____$12/year Level One Faculty/Staff/Student
(does not include Eyemed)
_____$25/year Level One Alumni

*** **UPGRADE to Include Eyemed Vision Care**

Eyemed Level I Upgrade
_____$20/year Level One + Eyemed Vision Care

Student Liability Insurance—Level One
_____ $35/ Level One + Student Liability Insurance Membership

Level II Membership:
_____$60/year Includes expanded benefits

Level III Membership:
_____$120/year Includes Professional Educators' Liability Insurance

Lifetime Membership Categories

Level I Life Member: (Tax Deductible—$250)
_____Option 1- $250 one time
_____Option 2 - $130/yr for two years
_____Option 3 - $90/yr for three years

Level II Life Member: (Tax Deductible up to $400)
_____Option 4 - $500 one time
_____Option 5 - $300/yr for two years
_____Option 6 - $250/yr for three years

Level III Life Member: (Tax Deductible up to $500)
_____Option 7 - $1000 one time
_____Option 8 - $600/yr for two years
_____Option 9 - $500/yr for three years

Higher Education Leadership Political Action Committee

The Higher Education Leadership Political Action Committee (HELP*) is designed to give supporters of Alabama's universities a means of supporting state leaders who have a genuine concern for the needs of higher education. HELP provides hope for the future of Alabama's universities. In order for the universities to receive adequate funding, providing salary increases for faculty/staff, and maintain affordable tuition for students, HELP is here. The success of HELP depends on your support**

___I would like to contribute to HELP for $96/year
___I would like to make monthly payments of $8.00/month
___I would like to contribute $_____/year
___I would like to contribute $_____/month

*HELP is organized under Alabama's Fair Campaign Practices Act (Code of Alabama 1975, Title 17, Chapter 22a) and is authorized to make contributions in support of candidates for public office and ballot issues.

Send Form to
Higher Education Partnership
2 N. Jackson Street, Suite 101
Montgomery, Alabama 36104
334-892-9911 - fax 334-832-9995
Email: partnership@higheredpartners.org
www.higheredpartners.org

Name _____

Address_____

City_____State_____ Zip _____

Phone_____

Fax_____

University_____

Email_____

PAYMENT METHOD **Date _____**

____ HEP Only _____ HELP Only

____ Both HEP and HELP (Please tell each amount)

$_____ For HEP $_____ For HELP

_____Check—Amount Enclosed _____

_____Credit Card/Debit Card (please circle)

_____VISA _____MC ____ Discover _____ AMEX

Credit Card # _____
Expiration Date _____
Signature _____

_____ Yes, I want to set up recurring payments with my credit card. Please charge $_____(amount) every ___ year or __month. If selected month, please circle date of payment (1st of month/ 15th of month)

BANK DRAFT

I, _____ [full name of member] authorize the **Higher Education Partnership** to charge my banking account listed below, starting _____ [month] and on the _____ [1st or 15th] for each consecutive month until I notify the Higher Education Partnership of termination.
$_____ for _____ [level of membership]

My account information is as follows:
Bank Name: _____
Bank Account Type ___ Checking ___ Savings ____ Business Checking
Bank ABA Routing Number: _____
Bank Account Number: _____

This payment authorization is valid and to remain in effect unless I, notify the **Higher Education Partnership** of its cancellation by sending written notice by mail to/ fax to/ email to/ etc. or other another method preferred by merchant.

_____
Customer Name [Print]

_____
Customer Signature

Please attach a voided check below and fax form to: 334-832-9995 or mail form to 2 N. Jackson Street, Suite 101, Montgomery, Alabama 36104. Payments and orders cannot be placed until the completed form is received.