



INTERNATIONAL COUNCIL FOR HIGHER EDUCATION Institutional Membership Application

If your Institution wishes to join the ICHE or renew its Membership, please complete this form and submit it to the address at the bottom of the page

Name of Institution / Organization: _____

Mailing Address: _____

City: _____ Country: _____ Post Code: _____

Website: _____

Name of Contact Person: _____

Position / Title : _____

Office Phone: _____ Email Address: _____

To help us know your institution, please provide the names of two other schools/leaders as references.

Documentation:

Please attach to this application form the following documents to assist the Council in its consideration of your Institutional Membership.

1. Identity Statements – This may include a statement of faith, values, purpose, mission.
2. Promotional Material – This may be an example of the material used for recruitment.
3. Report Documents – This may be a report to a board, denomination, or constituency.

Please provide a concise statement describing your institution.

Our Institution hereby subscribes to the Mission of the Council and applies for Membership in the International Council for Higher Education. The annual dues, in accordance with the country classification on our [Membership](#) Page (\$300, \$240, \$180 or \$ 120), entitles our Institution to a twelve month Membership.

Signature: _____ Date: _____

Email this form to admin@ichenetwork.org. Payment may be made online at www.ICHENetwork.org.

Wiring Instructions for Membership Dues: Bank : PostFinance AG 4808 Zofingen

Account : IBAN CH09 0900 0000 9194 4979 2

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OFFICES

Executive: 10344 West Barnsdale Drive, Boise, Idaho 83704

Legal: Moosbrunnenstr. 11, 8624 Lufingen, Switzerland

Web: No. 54, MIG, KHB Colony, Koramangala, 5th Block, Bangalore 560 095 India