NADOHE

National Association of Diversity Officers in Higher Education

Invoice

NADOHE
2598 E. Sunrise Blvd, Suite 2104
Fort Lauderdale, FL, 33304
1-800-793-7025
1-800-837-7321 (fax)

To: _____
_____
_____

Date: _____

Membership Option:

- ☐ Institutional Membership
- ☐ Individual Membership
- ☐ Renewal: Institutional
- ☐ Renewal: Individual

DESCRIPTION	QTY	RATE	AMOUNT
TOTAL			

Fees Schedule (*denotes Institutional Membership):

*Doctoral Extensive: $1,250
*Doctoral Intensive: $1,000
*Masters: $900
*Baccalaureate: $750
*Community College: $500
*Special Focus/Tribal College: $500
*Systems/Associations: $1,250
*Individual: $250

Payment by Visa, MasterCard, or American Express

Credit Card Number: _____
Expiration Date: _____
Name of Card Holder: _____
Three or Four Digit Security Code: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

Completed invoice and check should be mailed to the address above. If paying by Credit Card, you may process this online or call 1-800-793-7025.