

**Illinois Chapter of the American Council on Education (ACE)
Network for Women in Higher Education (INWHE)
Institutional Membership Form**
(Complete form, print and mail in)

Institution _____

Institutional Representative _____

Title _____

Address _____

Email _____

Phone _____

Membership Fee \$250.00

This fee entitles the Institution to membership for the fiscal calendar year from July 1 to June 30 of the following year.

Please enclose your check for \$250.00 made payable to:

Illinois Network for Women in Higher Education

Send payment to:

Karen Kissel
INWHE
C/O Governors State University
1 University Parkway
University Park, IL 60484

Questions? Please contact Karen Kissel at 708-534-4054 or K-Kissel@govst.edu