



## VALHEN Membership Form

Please print clearly or type

Dr/Ms/Mr First Name:	Last Name:
Title:	
Institution/Organization:	
Address:	
Address (line 2):	
City:	
Phone: (    )	Fax: (    )
E-Mail Address:	
If faculty, please identify your discipline:	
Department/School:	
Areas of Interest: <i>With which of the following would you like to help VALHEN?</i> (Check all that apply) Membership ____ 2012 Encuentro ____ Website Content ____ Research ____ Outreach ____ Lecture Series ____ Newsletter ____ Scholarships ____ Hispanic College Institute ____ Other? -- <i>Tell us!</i> _____ _____	
<p><b>Membership Dues: \$30.00 per year</b></p> <p><b>For Member Benefits Information or to pay online with PayPal, go to</b>  <a href="http://www.valhen.org/Membership">http://www.valhen.org/Membership</a></p>	
<p><b><u>For payment with check:</u></b></p> <p>Step 1) Complete Membership form and email it to <a href="mailto:membership@valhen.org">membership@valhen.org</a> <b>AND</b></p> <p>Step 2) <b>Also</b> mail (via US Mail) completed registration form with check payable for \$30 to VALHEN to:  <b>Mr. Juan Espinoza</b>  <b>Treasurer/VALHEN</b>          313 Charles St.          Blacksburg, VA 24060</p>	
<p><b>Payment must accompany membership form.</b></p>	