

Date: \_\_\_\_\_

## National Humanities Alliance New Institutional Member Information

### Referral Information

Referring NHA Member:

---

### Member Information

Institution Name:

---

Please check the appropriate box:

- (\$2500) Research & Doctoral Universities
- (\$1000) 2- Year Colleges, 4- Year Colleges, Master's Universities

### Payment Information

- Check enclosed
- Payment to follow

### Contact Information

*Members are asked to designate a primary contact to attend the annual meeting as a voting representative and to receive Alliance communications. The primary contact should have an academic position of leadership for the humanities within the institution.*

Primary Contact (Name & Title)

---

Mailing Address

---

City

State

Zip

Phone

Fax

Email

*Note on Tax-Exempt Status: NHA is tax-exempt under section 501(c)(4) of the tax code. Dues or gifts to the NHA from individuals or non-tax exempt organizations are not deductible as charitable contributions. Gifts or dues payments may be deductible by such organizations as necessary business expenses.*

**This form was completed by:** \_\_\_\_\_  
Name & Title

Phone

Fax

Email

Please return to: 21 Dupont Circle NW, Suite 800, Washington, DC 20036