

SHEC ORGANIZATION AFFILIATION APPLICATION

PLEASE PRINT

Name of Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Director/President: _____

Title: _____ E-mail address: _____

Goals/Mission of Organization: _____

Description of Organization: _____

Name of person who will serve as liaison with SHEC: _____

Address: _____

Phone: _____ E-mail address: _____

Would your organization be interested in contributing articles to the SHEC newsletter?

Yes NO

Would your organization be interested in sponsoring a session at the SHEC conference?

Yes NO

Please suggest topics that would be of interest to those in your organization that could be presented at either the SHEC conference or at a SHEC membership meeting.

Thank you for your interest in SHEC. Please return this form to

SHEC PO Box 1003 Dunbar, WV 25064
