



# MEMBERSHIP APPLICATION

## Massachusetts Higher Education Consortium

### New England's Premier Group Purchasing Consortium

Please provide the following profile information using most current (fiscal or calendar) figures available.  
*Please answer only those questions that apply to your organization.*

Organization Name: \_\_\_\_\_

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of incorporation in your state: \_\_\_\_\_

Primary Member Contact Name: (for mailings) \_\_\_\_\_

Department and Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

Total Annual Operating Budget (all funds): \$ \_\_\_\_\_

Estimated Annual Purchasing Volume for Goods and Services: \$ \_\_\_\_\_

Total Enrollment:                      Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_

Total Number of Faculty:              Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_

Number of Staff:                      Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_

Accreditations: \_\_\_\_\_  
 \_\_\_\_\_

What is your school's tax status? 501(c)(3): \_\_\_\_\_ Agency of the State: \_\_\_\_\_ For Profit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Professional Purchasing Group Affiliations: \_\_\_\_\_

Consortia Affiliations: \_\_\_\_\_

Category of Membership – Check the appropriate category that applies:

New England:

- Higher Education Institution      Public: \_\_\_\_\_ Private: \_\_\_\_\_
- Private Secondary School
- Educational Non-Profit
- Technical / Vocational School
- Charter School
- Municipality
- K-12

Out of New England – Not eligible for membership at this time

How did you hear about the MHEC? \_\_\_\_\_

**AUTHORIZATION FORM**

The Massachusetts Higher Education Consortium (MHEC), is hereby authorized to establish consortium purchasing contracts (purchase or price agreements) on behalf of:

\_\_\_\_\_  
(Name of Institution)

The use of said contracts shall remain the option of the individual member school, however, it is clearly understood that all purchases made and/or purchase orders issued, shall be done in accordance with the standard terms and conditions of the respective published consortium contract and as agreed to between the MHEC and the appropriate vendor. Each educational institution shall accept sole responsibility for all payments, debts and liabilities due the vendor for its share of such purchases. Each applicant for membership in MHEC is reminded that they are responsible for reviewing and complying with all laws and regulations that may affect their membership. Public records of all bids, contract agreements, awards and correspondence shall remain on file for the member inspection at the administrative office of the consortium, which is located on the campus of the University of Massachusetts at Amherst, 505 East Pleasant Street, Amherst, MA 01003.

**To whom would you like the MHEC to send contract notifications?**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Contacts who should receive newsletters, contract updates, and Ed\$save promotions:**

**Purchasing Department Contacts:** (please include name, title, and email)

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**Information Technology Contacts:** (please include name, title, email)

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**Grounds, Physical Plants and Facilities Contacts:** (please include name, title, email)

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**Athletics Department Contacts:** (please include name, title, email)

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**Library & Bookstore Contacts:** (please include name, title, email)

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**Science Buyer Contacts:** (please include name, title, email)

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**Campus Safety/ Security Contacts:** (please include name, title, email)

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**Admin and Finance Contacts:** (please include name, title, email)

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**Business Office/Human Resources Contacts:** (please include name, title, email)

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**Print and Mail Services Contacts:** (please include name, title, email)

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**Student Services Contacts:** (please include name, title, email)

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**Other contacts that purchase or make recommendations to purchase on campus:** (please include name, title, email)

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Application Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Submission of this application implies a willingness to abide by the By-Laws of the MHEC and by the general terms and conditions of each contract. All business transacted with contract vendors will be reported under your school name in the annual report.

Office Use Only: \_\_\_\_\_

Mail or fax application to: MHEC c/o UMass Amherst 505 East Pleasant Street Amherst, MA 01003	Fax application to: 413-577-0692 Questions? Call: 413-545-4669 Email: <a href="mailto:staceywikar@mhec.net">staceywikar@mhec.net</a>
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