

2008 MAACCE MEMBERSHIP APPLICATION

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____

Is this a New Address or Contact Information? _____ Yes _____ No

If Yes, please write in old address/contact information below:

TYPE OF MEMBERSHIP: (Select One)

_____ 2007 Individual Membership \$25 – Expires June 2009

_____ Lifetime Membership \$250

Referred by _____

CATEGORY:

Place a "P" by your primary category choice and an "A" by your auxiliary category choices.

_____ AEL (Adult Education & Literacy) _____ HE (Higher Education)

_____ CE (Community Education)

EXECUTIVE COUNCIL/CONFERENCE PLANNING COMMITTEE:

Have you held a position on the MAACCE Executive Council or Conference Planning Committee? ___ Yes ___ No

If so, which position _____

Would you be interested in a position on one of these boards?

___ Yes ___ No

Would you like information about these positions? _____ Yes _____ No

Mail this form and payment to:

Stephanie Tolen, Supervisor
Adult and Community Education
City of St. Charles School District
2400 Zumbuhl Road
St. Charles, MO 63301
MAKE CHECKS PAYABLE TO MAACCE