



# 2010 MAACCE MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Is this a New Address or Contact Information? \_\_\_\_\_ Yes \_\_\_\_\_ No

: (Select One)

\_\_\_\_\_ Individual Membership one-year \$25 – Expires June 2011

\_\_\_\_\_ 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 Zumbahl Road  
St. Charles, MO 63301  
**MAKE CHECKS PAYABLE TO MAACCE**