



# MAACCE MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Is this a new address or new contact information? \_\_\_\_\_

Individual Membership \$35 \_\_\_\_\_ Lifetime Membership \$350 \_\_\_\_\_

How did you hear about MAACCE?

- Website \_\_\_\_\_
- Conference \_\_\_\_\_
- Referred by \_\_\_\_\_
- Word of Mouth/Other \_\_\_\_\_

## Professional Category

*Place a "P" by your primary affiliation and an "A" by your auxiliary choices.*

AEL – Administration \_\_\_\_\_

AEL – Instructor \_\_\_\_\_

Community Education \_\_\_\_\_

Higher Education \_\_\_\_\_

Afterschool \_\_\_\_\_

Would you like to receive more information about serving on either a Conference Planning Committee or Executive Council Position? \_\_\_\_\_

Mail this form with payment to:

Stacey Blodgett, MAACCE Treasurer  
MTI University of Missouri - Columbia  
304 Cornell Hall  
Columbia MO 65211  
Phone: (660) 676-2810  
blodgetts@missouri.edu

Visit us on the web at [www.maacce.org](http://www.maacce.org) and follow us on  
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