



MAACCE MEMBERSHIP APPLICATION

NAME _____ TITLE _____

ORGANIZATION _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ EMAIL _____

Is this a new address or new contact information? _____

Individual Membership \$25 _____ Lifetime Membership \$250 _____

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 and follow us on
Facebook at www.facebook.com/MAACCEMissouri