

MAACCE Membership Application

Advocating on behalf of professional adult, community and continuing education groups and individuals in Maryland, and encouraging organizations and agencies to cooperate in educational programs and activities in support of lifelong learning.

Anyone interested in advancing education as a lifelong process is invited to join.



Date: _____ **Membership Type:** New Renewal

Name: _____

Organization (if applicable): _____

Position: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Please indicate up to two Interest Groups:

- | | |
|---|--|
| <input type="checkbox"/> Administration [AD] | <input type="checkbox"/> Family Literacy [FL] |
| <input type="checkbox"/> Adult Secondary Education [AE] | <input type="checkbox"/> Basic Skills/Literacy [L] |
| <input type="checkbox"/> Correctional Education [CE] | <input type="checkbox"/> Workforce [M] |
| <input type="checkbox"/> ESOL [E] | |

Are you interested in participating in one of the following committees?

- | | |
|--|--|
| <input type="checkbox"/> Communications/Technology | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Membership | |

Annual Membership Dues: \$ _____ 35.00

Additional contribution: \$ _____

Total enclosed: \$ _____

- Check Money order Agency check - # _____

Does your Membership Application include a Conference Registration? Yes No

Write checks to "MAACCE" and mail application and payment to:
MAACCE Conference Registration, c/o Rebecca Swick, Howard Community College
10650 Hickory Ridge Rd., Columbia, MD 21044