



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: _____

Position: _____

Address: _____

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?

- Communications/Technology Public Policy

Annual Membership Dues: \$ _____ 35.00 _____

Additional contribution: \$ _____

Total enclosed: \$ _____

- Check Money order Agency check - # _____

The membership year begins with the Annual Conference and continues through the day before the next year's Annual Conference.

Does your Membership Application include a Conference Registration? Yes No

Write checks to "MAACCE" and mail application and payment to:

MAACCE Membership Registration, c/o Laurie Askins, Membership Coordinator,
P.O. Box 709, Leonardtown, MD 20650