



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: _____ **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"/> Organizational Structure | <input type="checkbox"/> Communications and Advocacy |
| <input type="checkbox"/> Outreach and Recruitment | <input type="checkbox"/> Professional Development |

Annual Membership Dues: \$ _____ 40.00 _____

Additional contribution: \$ _____

Total enclosed: \$ _____

Paypal Check Money order Agency check - # _____

Your membership is good for one year, and will expire the following year on the day prior to your renewal date.

Does your Membership Application include a Conference Registration? Yes No

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

MAACCE Membership,
P.O. Box 22379, Baltimore, MD 21203