



MONTANA ASSOCIATION FOR ADULT AND COMMUNITY EDUCATION MEMBERSHIP FORM

Please complete the following information. Please print and press firmly with pen.

Membership year January 1, _____ to December 31, _____

Name _____

Mailing Address _____
(Number, Street or PO Box) (City) (State) (Zip)

Telephone (Work) _____ (Home) _____ Fax _____

Email Address _____

Check this box if you prefer to receive information and newsletters electronically

Yes, you may post my information on the web

No, you may not post my information on the web

Current Title or Position _____

CHECK TYPE OF MEMBERSHIP DESIRED:

PROFESSIONAL	_____	\$25	_____
STUDENT/VOLUNTEER	_____	\$ 5	_____
ORGANIZATION	_____	\$50	_____
MOUNTAIN PLAINS ADULT ED. ASSOC.	_____	\$30	_____

TOTAL AMOUNT ENCLOSED _____

Please send completed form and check payable to MAACE to:

MAACE SECRETARY
2215 Pueblo Drive
Billings, MT 59102

maacesecretary@hotmail.com