



MONTANA ASSOCIATION FOR ADULT AND COMMUNITY EDUCATION

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

Membership year: July 1, _____ to June 30, _____.

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 and Site Name _____

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/TREASURER:

DeeDra Reum
 Salish Kootenai College
 PO Box 70
 Pablo, MT 59855
deedra_reum@skc.edu