



# MONTANA ASSOCIATION FOR ADULT AND COMMUNITY EDUCATION MEMBERSHIP FORM

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 \_\_\_\_\_

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 \_\_\_\_\_  
  
TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

*Please send completed form and check payable to MAACE to:*

**MAACE SECRETARY**

Deborah Richardson

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Billings, MT 59102

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