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