

## 2008 AACE Membership Application/Renewal

Please complete a separate form for each additional member and attach to institutional membership application.

**Type of Membership:** (Please check one item on each line)

_____	_____	_____		
New Membership	OR	Membership Renewal		
_____	_____	_____		
Employer Membership	OR	College/University Membership	OR	Affiliate Member
_____	_____	_____	_____	_____
Primary Institutional Member	OR	Additional Member		
_____	_____	_____	_____	_____

### Dues:

Institutional/Individual Member (includes 1 individual) – \$50.00 \_\_\_\_\_

Additional Members – \$15.00 per member    Total # of additional members \_\_\_\_\_ @ \$15/each = \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

### Member Information:

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_

Membership Organization: \_\_\_\_\_

Office/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Page Address (URL): \_\_\_\_\_

If an individual referred you to join AACE, please provide us with the following information about the individual:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

**Membership application forms with payment in process or a check must be received by April 15 to be included in the Membership Directory. The annual membership period is January 1 through December 31.**

Check enclosed made payable to AACE

OR

Copy of check request attached

Print this form and return form and payment to:

Carolyn Lewis, Treasurer, AACE

Alabama A & M University

PO Box 997

Normal, AL 35762

Phone: 256/372-5694 Fax: 256/372-5689

Email: carolyn.lewis@email.aamu.edu