

2009 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: _____

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: 256/372-8182 Fax: 256/372-5689

Email: carolyn.lewis@aamu.edu