



KAACE MEMBERSHIP APPLICATION FORM

Membership for 2011 Expires 6/30/2012

Please print legibly:

Name _____

Job Title _____

Email _____

County _____ Region _____

Organization Name _____

Organization Mailing Address _____

City _____ KY Zip Code _____

Organization Phone _____

Date Application submitted for 2011 dues _____

Check One (1) primary area of interest:

ESL ABE/GED/Literacy Family Literacy

Corrections Workforce Research/PD

Please do NOT staple the check to this form.

KAACE membership is \$20, please make payable to KAACE and mail to:

Pam Morgan-KAACE Treasurer

P.O. Box 880

Russellville, KY 42276

For questions please e-mail Pam at pam.morgan@logan.kyschools.us

Membership dues are tax deductible. No KYAE funds may be used to pay for KAACE membership dues.

KAACE Treasurer & KAACE Membership Secretary Use Only:

_____ Payment Method _____ Added to Membership Roster _____ Membership Number

_____ Added to Email List _____ Mailed Membership Card _____ Contacted Region Rep _____ Contacted Member