



Michigan Association  
of Community and  
Adult Education

## MACAE MEMBERSHIP APPLICATION 2017-18

**Membership Levels:** Membership will qualify you for two special events to be announced for 2017-18.

**Level One-\$249.** Includes: Full or Part Time Administrators (Principal, Director, Manager, Supervisor, Coordinator, CEO, Consultant).

**Level Two-\$79. Special Offer for 2017-18 ! \$79 for one membership plus a second membership free.** Includes registration for 2 Teachers, or 2 Program Assistants and or 2 other support staff. Also includes Retirees no longer working in the field.

**Vendor Level-\$499.** Includes: One member with each additional member \$199.

**Superintendent to be a friend of MACAE (no additional cost)**

**MEMBERSHIP INFORMATION:** (Information should appear as you would like it listed in the MACAE Membership Directory. Complete information for each person being enrolled. Use additional sheets if necessary.

Name

Title and Position

School District or Organization

Email

Mailing Address

City/State/Zip Code

Phone

Fax

Cell Phone (not published)

Billing Email, if different

Membership Level

Number of Members

Total Amount

Major Area of Interest : Enrichment/Recreation \_\_\_ Community Education \_\_\_ Alternative Education \_\_\_  
Adult Education \_\_\_ Literacy \_\_\_ ESL \_\_\_ Early Childhood \_\_\_

Payment method \_\_\_\_\_

**Make Checks payable to MACAE, mail: 826 Municipal Way, Lansing, MI 48917. Email: [macaefice@gmail.com](mailto:macaefice@gmail.com)  
Phone: 517-492-1367 Fax: 517-492-1368. Website: [www.macaefice.org](http://www.macaefice.org)**

**For credit card and on line registration please go to [www.macaefice.org](http://www.macaefice.org)**

**We would like to thank SBSI Software Inc. for providing us with this registration software.**



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**Additional Members to be Enrolled**

Name

Title and Position

School District or Organization

Email

Mailing Address

City/State/Zip Code

Membership Level

Phone

Fax

Cell Phone (not published)

Major Area of Interest : Enrichment/Recreation \_\_\_ Community Education \_\_\_ Alternative Education \_\_\_  
Adult Education \_\_\_ Literacy \_\_\_ ESL \_\_\_

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Name

Title and Position

School District or Organization

Email

Mailing Address

City/State/Zip Code

Membership Level

Phone

Fax

Cell Phone (not published)

Major Area of Interest : Enrichment/Recreation \_\_\_ Community Education \_\_\_ Alternative Education \_\_\_  
Adult Education \_\_\_ Literacy \_\_\_ ESL \_\_\_