
**African-American/Caribbean Education Association, Inc
(AACEAINC)**

Membership Form

Year of Application: _____

Please print all information

Name _____

Address _____

_____ Zip Code _____

E-Mail _____ Tel. _____ Cell _____

School (if applicable) _____ Position/Title _____

Field other than education _____ Position/Title _____

Comments:

I am interested in joining the following committee(s). Check your choice(s)

_____ Education _____ Politics _____ Cultural _____ Fundraising

Membership Options—Check type of membership from the following:

___ \$25 Yearly General Membership ___ \$50 - \$75 Two Year Partner ___ \$100 Lifetime Membership

*Please make your check or money order payable to: **AACEAINC***

Send this form and remittance to:

AACEAINC

Attn: Membership

P.O. Box 1224

Valley Stream, NY 11582-1224

Please allow 2-3 weeks for processing.

www.aaceainc.com
