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# **African-American/Caribbean Education Association, Inc**

## **Membership Form**

**Year: 2008-2009**

*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

*Please make your check or money order in the amount of \$25 payable to:  
African-American/Caribbean Education Association, Inc*

*Send this form and remittance to:*

**AACEA INC  
Attn: Membership  
P.O. Box 1224  
Valley Stream, NY 11582-1224**

***Please allow 2-3 weeks for processing.***

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