
African-American/Caribbean Education Association, Inc

Membership Form

Year: 2009-2010

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.

www.aaceainc.com
