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**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](http://www.aaceainc.com)**

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