



MASSACHUSETTS COALITION FOR ADULT EDUCATION MEMBERSHIP FORM

YES, we want to join MCAE and support its work on behalf of ABE!

CONTACT INFORMATION

Name _____
Organization _____
Title _____
Street Address _____
City _____ State _____ ZIP _____
Telephone _____ Fax _____
Email _____
Website _____
Social Media _____

MEMBERSHIP LEVEL

___ **\$500 Leadership Circle**
Includes up to 4 discounted registration fees for MCAE's NETWORK conference

___ **\$200 Organizational Membership**
Includes 1 discounted registration fee for MCAE's NETWORK conference

___ **Enclosed is an unrestricted tax-deductible contribution**

___ **Enclosed is a tax-deductible contribution to the
Ruth E. Derfler Memorial Scholarship Fund**

Please make all checks payable to MCAE and mail with a completed membership form to:

Massachusetts Coalition for Adult Education
44 Farnsworth Street | Boston, MA 02210

Thank you for helping to strengthen the voice of adult education in Massachusetts!