



# Membership Form

## Virginia Association for Adult and Continuing Education

Welcome to VAACE! Whether we receive your membership dues via PayPal, mail or in person we need additional information to complete our member database.

Please take a moment to fill out the information below. You may return it by e-mail to [bhill@cucps.k12.va.us](mailto:bhill@cucps.k12.va.us) or mail to Box 170 Cumberland, VA 23040.

Annual dues are **\$30.00** for the membership year that runs from October 1 to September 30. Lifetime membership is **\$200.00**.

If you are paying by check, make your payment to "VAACE"

### Member Information

Name	
Address #1	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Position/Title	
Program/Organization Name	
Interest Group Choose one: <ul style="list-style-type: none"> <li>• Public Schools and Literacy Affiliates</li> <li>• Adult Education Program Manager</li> <li>• Workforce and Continuing Education</li> <li>• ESOL</li> </ul>	