



MASSACHUSETTS COALITION FOR ADULT EDUCATION **MEMBERSHIP FORM**

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
- ___ **\$40** **Individual Membership**
- ___ **Enclosed is an unrestricted tax-deductible contribution**
- ___ **Enclosed is a tax-deductible contribution to the Ruth E. Derfler
Memorial Scholarship Fund**

Two ways to submit your membership:

Pay online at [this link](#) and email your form to info@mcae.net

OR

Mail your completed form with a check payable to MCAE to:

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

Thank you for being a voice for adult education in Massachusetts!