

# ACE of Florida, Inc. Membership Application



## Advocacy...

**YOUR** voice in Tallahassee



## Professional Development...

**YOUR** learning path to career success



## Networking...

**YOUR** connection to the education community



## Information & Resources...

**YOUR** link to cutting edge news, trends and best practices

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_

### Check One:

- ☐ Professional Membership (full-time educator) ..... \$50.00  
☐ Associate Membership (part-time educator) ..... \$25.00  
☐ Educational Institution or Business Subscription (complete form below) .... \$500.00  
☐ Retiree ..... \$20.00  
☐ Student ..... \$ 5.00

CREDIT CARD: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Check # \_\_\_\_\_  
 Name on credit card \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## EDUCATIONAL INSTITUTION or BUSINESS SUBSCRIPTION APPLICATION

### \*PROFESSIONAL MEMBERSHIP

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_

### \*ASSOCIATE MEMBERSHIP #1 or PROFESSIONAL #2

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_

### \*ASSOCIATE MEMBERSHIP #2 or PROFESSIONAL #3

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_

\*Educational Institution or Business subscriptions can be **one** of the following:

- (A) **Educational Institution** includes one (1) professional membership (full-time educator) and four (4) associate memberships (part-time educators) **OR** includes three (3) professional memberships (full-time educators)  
 (B) **Business** Includes two (2) professional memberships

All members of an Educational Institution or Business subscription will receive all print publications, ACE Alerts, Legislative Updates, ACCESS membership cards and a special discount for the annual ACE Conference.

### ASSOCIATE MEMBERSHIP #3

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_

### ASSOCIATE MEMBERSHIP #4

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email \_\_\_\_\_



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**Join Now!**