



Ohio Association for Adult and Continuing Education
 1601 West Fifth Avenue, PMB 103
 Columbus, Ohio 43212-2310
 Telephone: (985) 306-2223

OAACE Vision

The Ohio Association for Adult and Continuing Education is Ohio's premier membership organization for providers of basic skills education for adult learners.

OAACE Mission

To provide leadership, advocacy, and professional development in support of basic skills and economic development in Ohio.

The Ohio Association for Adult and Continuing Education (OAACE), formed in 1932, is the largest and oldest professional adult education organization in Ohio. OAACE is recognized nationally for innovation, leadership, and service to the field.

Benefits of Membership with OAACE

- Dual membership in COABE, your membership will include COABE webinars at no additional costs
- Networking with leaders and colleagues in the field of adult education
- Discounted registration at the **OAACE** fall conference, October 24-25, 2019
- Discounted registration rate at national COABE conference April, 2020
- Eligibility for COABE's annual awards
- Eligibility for OAACE **Awards** and Scholarships in addition to COABE's awards
- Eligibility for Public Awareness Grants available twice a year
- Disaster Emergency Grants to member programs that have experienced a disaster
- Advocacy Information and Action

Membership Application Directions

Please follow these simple directions to join or renew your membership.

Choose a category:

Category	Description	Annual Dues
Institutional	For organizations -- includes 5 Associates until 9/30/2019 after this date includes 4 members.	\$225.00
Associate	This is not a stand-alone category. Additional memberships attached to your Institutional membership (see above)	\$25.00
Professional	Individual membership open to any one individual.	\$50.00



Institutional Membership Form

submit one copy per program.— Type or Print Clearly

Institution: _____

Program Name: _____

Address: _____

Phone: _____

Director of Program: _____

For identification purposes only.

Main Contact Person: _____

This is the person we will call if questions arise about membership.

Contact Email: _____

Aspire Region: NW NE C/SE SW **At Large**
(circle one)

Institutional Members

1. Name _____ e-mail _____

2. Name _____ e-mail _____

3. Name _____ e-mail _____

4. Name _____ e-mail _____

5.* Name _____ e-mail _____

*Fifth institutional member until 9/30/2019 postmark date



Additional Associate Memberships @ \$25 each person

1. Name _____ e-mail _____
2. Name _____ e-mail _____
3. Name _____ e-mail _____
4. Name _____ e-mail _____
5. Name _____ e-mail _____

Forms can be mailed into the OAACE address listed at the top of page 1 of this form or they can be emailed to Bobbie Sin, OAACE Administrative Assistant at; bsin1230@gmail.com.

*Please fill in all of the blanks.

*Payment Information-- **Calculate the cost for the Professional memberships, Institutional Membership, and any additional Associate Memberships.**

Payment or purchase order must be attached. Please do not send payment/POs separate from the membership forms.

Please return to OAACE by December 31 to receive an election ballot in the spring.

Membership year is valid through June 30, 2020.