



Individual Membership Form

Submit one copy- Type or Print Clearly

Member Name: _____

Program Name: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Preferred contact E-Mail: _____

Address listed used for OAAACE purposes only. Your information will not be shared with any third party.



Ohio Association for Adult and Continuing Education

1601 West Fifth Avenue
PMB 103
Columbus, Ohio 43212-2310

Phone: 1-985-306-2223
Website: oaace.org
Email: oaace@oaace.org