



## 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](http://oaace.org)  
Email: [oaace@oaace.org](mailto:oaace@oaace.org)