

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) \$250.00
 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!

www.aceofflorida.org