



**Alaska Association for Career & Technical
Education (AACTE)
MEMBERSHIP APPLICATION**

Date: _____

Name: _____

District or Organization: _____

School: _____

Position or Title: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Email (work): _____

Phone (work): _____

Email (home): _____

Phone (home): _____

Please indicate your Membership Category:

- Regular Membership: \$35.00
- Loyalty- Retiree \$15.00
- Full-Time Student \$5.00

Please mark one of the following:

- YES, AACTE may publish my name, school or agency, and email address on its website.
- NO, do NOT publish my name, school or agency, or email address on the AACTE website.

**Complete this membership application form and mail it along with your check
made out to AACTE to:**

**Marcia Olson, AACTE
PO Box 33361
Juneau, AK 99803-3361**

**If you have any questions, please contact Marcia Olson, 907-465-8704
or email montanablue@gci.net**