

WACE

Institutional Membership Form

To join WACE, please return this form with payment to:

Mr. Marty Ford, Director of Global Partnerships & Programs

WACE

Suite 503

600 Suffolk Street

Lowell, MA 01854, USA

E-Mail: marty_ford@uml.edu

Phone: 978-934-1870

Fax: 978-934-4084

Date: _____

MEMBER #1

Miss ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Prof. ___ (please check one)

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Country: _____

Business Telephone: _____

E-Mail: _____

MEMBER #2

Miss ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Prof. ___ (please check one)

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Country: _____

Business Telephone: _____

E-Mail: _____

MEMBER #3

Miss ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Prof. ___ (please check one)

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Country: _____

Business Telephone: _____

E-Mail: _____

MEMBER #4

Miss ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Prof. ___ (please check one)

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Country: _____

Business Telephone: _____

E-Mail: _____

MEMBER #5

Miss ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Prof. ___ (please check one)

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Country: _____

Business Telephone: _____

E-Mail: _____

Annual Institutional Membership: \$500.00 (5 people)

Each Additional Member Under Institutional Membership: US \$ 50.00

Additional Membership Name(s):

Check ___ (Please send check to address on top of this form.)

MASTERCARD ___ VISA ___ (please check one)

Credit Card Number: _____

Expiration Date: _____

Cardholder Name: _____