

# Individual Membership

Application for Fall 2011 – Spring 2012

Please complete this application form and follow the instructions for submission at the bottom.



**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City State Zip Code

**E-mail Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Position:** \_\_\_\_\_

## Type of Membership:

- Full-Time Faculty/Staff (\$15/year)
- Adjunct Faculty/Staff (\$10/year)
- Student (\$7/year)

## Are You Interested In... (Check all that apply)

- Becoming your institution's CoADE liaison?
- Contributing to the CoADE Newsletter?
- Volunteering at a CoADE Conference?
- Running for CoADE office?

Please make checks payable to CoADE and send your payment with this completed application to the CoADE Treasurer:

Jean Olsen  
CoADE Treasurer  
100 West Pikes Peak Avenue  
Colorado Springs, CO 80903