

ACE-DHH
Application for Membership/Renewal 2011-2012

RENEWAL DATE FOR MEMBERSHIP DUES IS ON OR BEFORE 2012 CONFERENCE DATES.

Name: _____

E-mail: _____

My application status is: Initial Membership* Renewal Membership

*How did you learn about ACE-DHH? _____

I prefer that mailings go to: My Home My Office

College/University: _____

Mailing Address: _____

City & State or Province/Territory: _____ Country: _____

Zip Code: _____

Phone: _____ Voice TTY Fax: _____

My name and college/university contact information may be published on the ACE-DHH website. Yes No

Home Address: _____

City & State or Province/Territory: _____

Country: _____ Zip Code: _____

Phone: _____ Voice TTY Fax: _____

My name and home contact information may be published on the ACE-DHH website. Yes No

Membership Fee

Regular - One Year (\$50) _____ Emeritus - One Year (\$25) _____ Associate - One Year (\$25) _____

Doctoral Member Student - One Year (\$30) _____

Payment may be made through PAYPAL¹ via the ACE-DHH website or by completing the form above and mailing with a check or money order (payable in U.S. dollars to ACE-DHH) to:

**ACE-DHH c/o Dr. Karen L. Kritzer
Kent State University, Deaf Education Program
405 White Hall
P.O. Box 5190
Kent, OH 44242-0001
Fax: 330-672-2512**

¹ PAYPAL is available only during the ACE-DHH Conference registration timeframe. When paying via PAYPAL, include the name of the member for whom you are paying. Please finalize your membership (after making the online payment) by completing the above form and mailing or faxing it to Dr. Karen L. Kritzer.