



## Membership Application

- I'm a new member.
- Please renew my membership. *Use this form to update any information.  
Please send in with membership fee for records keeping*

<b>Name:</b>		
<b>Organization Information</b>		
Employed by:	Hospital	School System
Organization:		
Title:		
<input type="checkbox"/> Hospital Teacher <input type="checkbox"/> Homebound Teacher <input type="checkbox"/> Other (please specify)		
Department:		
<b>Contact Numbers and Email</b>		
Preferred Phone:	Work	Home
(please circle)		
Work #:		
Home #:		
Preferred Email:	Work	Home
(please circle)		
Work email:		
Home email:		
<b>Preferred Address</b>		
Preferred Address:	Work	Home
(please circle)		
Address Line 1:		
Address Line 2:		
City:		
State/Province:		
Zip:		
Country:		

Membership dues are \$60; make checks payable to **AECMN**.  
Please send complete form and check to:

**Scott Menner/AECMN Treasurer**  
**580 Chapelacres Ct**  
**Cincinnati, OH 45233**