KACCEE Membership & Request for Information

- Organizational Membership ($50/year)
- Individual Membership ($20/year)
- Student Membership (Grade 9-Undergraduate, $10/year)
- Additional donation to support quality, non-biased, science-based environmental education in Kansas $__________

Date: ________________________________
Primary Contact: ______________________
Organization/School/Affiliation: ______________

Address: ________________________________
City: ____________________________ Zip: __________
Home Phone: __________________________
Work Phone: __________________________
Fax: _________________________________
E-mail Address: _________________________

If you are joining as an individual member or primary contact for an Organizational membership, how would you like to receive your KACCEE Newsletter and communications:
- Paper
- Electronic

(Student members and additional Organizational member contacts will receive KACCEE news via email only)

I’m interested in the following:
- Becoming a project facilitator
- Assisting and/or hosting a workshop in my area
- Presenting at a workshop or conference
- Serving on a committee or working with a project
- Becoming a school or district liaison
- Providing educator scholarships in my community
- Becoming a corporate sponsor
- Attending a workshop: plt plt Secondary
  - wet wild wild aquatic iye lep
  - Other (please specify): __________________________

OVER
Organizational members may list up to two additional contacts at no extra charge. To list more than two additional contacts, please write contact information on a separate sheet and include $10 per additional contact (beyond the two additional contacts included).

**Additional Contact 1 (no extra charge)**

Name: ________________________________

Organization/School/Affiliation: ________________________________

Address: ______________________________________________________

City: ___________________________ Zip: __________

Home Phone: __________________________

Work Phone: __________________________

Fax: __________________________

E-mail Address: __________________________

**Additional Contact 2 (no extra charge)**

Name: ________________________________

Organization/School/Affiliation: ________________________________

Address: ______________________________________________________

City: ___________________________ Zip: __________

Home Phone: __________________________

Work Phone: __________________________

Fax: __________________________

E-mail Address: __________________________

Additional contacts will receive all KACEE membership benefits (including the electronic version of KACEE news and other communications).