

Manage your membership or join online at www.kacee.org

KACEE 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: _____

State: _____ 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 KACEE Newsletter and communications:

- Paper
- Electronic

(Student members and additional Organizational member contacts will receive KACEE 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



KACEE

KANSAS ASSOCIATION FOR
CONSERVATION &
ENVIRONMENTAL
E D U C A T I O N

Please return
completed form to:
KACEE, 2610 Claflin,
Manhattan, KS 66502
p 785-532-3322
f 785-532-3305

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: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail Address: _____

Additional Contact 2 (no extra charge)

Name: _____

Organization/School/Affiliation: _____

Address: _____

City: _____

State: _____ 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).