



THE ASSOCIATION FOR EQUALITY AND EXCELLENCE IN EDUCATION, INC.

Radio City Station • Post Office Box 1515 • New York • New York • 10019 • aeee.org

INSTITUTIONAL MEMBERSHIP APPLICATION
(CAN INCLUDE UP TO 5 PERSONS FROM EACH INSTITUTION)

INSTITUTIONAL MEMBERSHIP \$275

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON COVERED BY THIS MEMBERSHIP APPLICATION:

INSTITUTION: _____

US Congressional District #: _____ State Assembly District #: _____

NAME: _____
Last Name First Name Middle Initial

TITLE: _____

PROGRAM: _____

ADDRESS: _____
Street

_____ *Building/Office Location*

_____ *City State Zip Code*

WORK PHONE: () _____ - _____ Ext: _____ FAX: () _____ - _____

Primary E-Mail Address: _____

Secondary E-Mail Address: _____

NAME: _____
Last Name First Name Middle Initial

TITLE: _____

PROGRAM: _____

ADDRESS: _____
Street

_____ *Building/Office Location*

_____ *City State Zip Code*

WORK PHONE: () _____ - _____ Ext: _____ FAX: () _____ - _____

Primary E-Mail Address: _____

Secondary E-Mail Address: _____

NAME: _____
Last Name *First Name* *Middle Initial*

TITLE: _____

PROGRAM: _____

ADDRESS: _____
Street

Building/Office Location

City *State* *Zip Code*

WORK PHONE: () _____ - _____ Ext: _____ FAX: () _____ - _____

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NAME: _____
Last Name *First Name* *Middle Initial*

TITLE: _____

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Last Name *First Name* *Middle Initial*

TITLE: _____

PROGRAM: _____

ADDRESS: _____
Street

Building/Office Location

City *State* *Zip Code*

WORK PHONE: () _____ - _____ Ext: _____ FAX: () _____ - _____

Primary E-Mail Address: _____

Secondary E-Mail Address: _____

Is your institution an institutional member of the Council for Opportunity in Education (COE)?

YES NO NOT SURE

INSTITUTIONAL DESCRIPTION: *(check all that apply)*

Private Public Proprietary Community Based
 2 Year 4 Year Graduate/Professional Other _____

PLEASE MAKE CHECKS PAYABLE TO:

ASSOCIATION FOR EQUALITY AND EXCELLENCE IN EDUCATION, INC. (AEEE, INC.)

For Quicker Processing, Please Send Completed Application and check to our treasurer:

Susan J. Ott, PhD, CFP®

Director and PI

Ronald E. McNair Post-baccalaureate Achievement Program (McNair)

University at Buffalo

255 Capen Hall

Buffalo, New York 14260

Phone: 716-645-5479

To be completed by the Treasurer

Date Received: ____/____/____ Date processed: ____/____/____ Check number: _____

TRiO

Non-TRiO

Out of region member

Notes: