



# ACE

## AIDS Coalition for Education MEMBERSHIP FORM

### Benefits ACE Membership:

- 1) Information about your special events, job postings, fundraisers and new programs will be broadcast over the ACE email distribution list.
- 2) In the ACE Resource Directory, member agencies will be listed in a separate section, highlighted with a 'member logo'.
- 3) Member agencies may be chosen to host an ACE event at their site, providing an excellent opportunity for community building, networking, and the chance to showcase their programs and services.
- 3) Members may suggest program topics or areas of focus for future ACE events.
- 4) All ACE events will include a display table where members may display their program materials.
- 5) All members receive Minutes, Agendas and published reports, and may serve on the Board of Directors. Additionally, members at the Agency Level, Sustaining Level will be listed on the ACE letterhead.
- 6) All ACE members will receive an link on the new ACE website ([www.acecolorado.org](http://www.acecolorado.org)) to their contact information and/or their website.

**YES!** We/I, \_\_\_\_\_ wish to support the ongoing work of the AIDS Coalition for Education by renewing our membership or becoming a member.

We/I would like to receive \_\_\_\_\_ (#) of ACE Resource Directories.

\_\_\_\_ We/I are/am interested in purchasing advertising in the ACE Directory

\_\_\_\_ We/I would like to be kept informed of ACE educational events, please add us to the ACE mailing list!

\_\_\_ **Yes**, please add me to the ACE email distribution list

\_\_\_ **No**, I would not like to be placed on the ACE email distribution list.

### Members only:

- We would like to see the following topic(s) addressed by an ACE educational event:

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-TURN OVER-



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**Contact Information:** *please print clearly*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Fax: \_\_ (\_\_\_\_) \_\_\_\_\_

Alternate Number (Pager, Voice Mail, Cell Phone, Etc.): \_\_ (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**YES!** We/I, \_\_\_\_\_ wish to support the ongoing work of the AIDS Coalition for Education by renewing our membership or becoming a member at the following level (*check one*):

- Individual Level:           \$ 25\_\_\_\_\_
- Organizational Level:   \$ 85\_\_\_\_\_
- Sustaining Member:     \$150\_\_\_\_\_

Enclosed please find \$\_\_\_\_\_ for my tax-deductible membership in ACE.

Enclosed please find \$\_\_\_\_\_ as an additional tax-deductible contribution to ACE.

Please make checks payable to AIDS Coalition for Education. Send check and completed membership form to:

AIDS Coalition for Education (ACE)  
Attn: Treasurer/Membership Committee  
P.O. Box 18909  
Denver, CO 80218

<b>FOR OFFICE USE ONLY</b>	Received by: _____
Check Number: _____	Date Received: _____