

PacADE Membership Form

Include my name and mailing address when selling lists for developmental educational purposes (default is YES):

YES NO

New Member Renewal of Membership Number: _____

Last: _____

Prefix: Dr. Mr. Mrs. Ms. Sr.

First: _____ MI: _____

Gender: Male Female

Title: _____

Institutional Level: 2-yr 4-yr K-12 Corporate Other

Employment Category: FT Faculty
 PT Faculty
 Administrator
 Counselor
 Advisor
 SI Leader/Tutor
 Consultant
 Corporate
 Student
 Other: _____

Institutional Type: public private other

Work Address:

Institution _____

Department _____

Street 1 _____

Street 2 _____

City/State _____

ZIP _____

Country _____

FAX _____

Email _____

Payment

Annual Membership Dues:
Individual \$25.00
Student \$15.00

Please complete this form and mail it and your check made out to Pacific Association for Developmental Education to:

Kristine Korey-Smith, PacADE President and Assistant Professor, CC
Iliahi 231A
Kapi'olani Community College
4303 Diamond Head Road
Honolulu, HI 96816