

Individual Membership

Application for Fall 2013 – Spring 2014

Please complete this application form and follow the instructions for submission at the bottom.



Name: _____
Last First M.I.

Address: _____
Street or P.O. Box

City State Zip Code

E-mail Address: _____

Phone: _____

School: _____

Position: _____

Type of Membership:

- Full-Time Faculty/Staff (\$15/year)
- Adjunct Faculty/Staff (\$10/year)
- Student (\$7/year)

Are You Interested In... (Check all that apply)

- Becoming your institution's CoADE liaison?
- Contributing to the CoADE Newsletter?
- Volunteering at a CoADE Conference?
- Running for CoADE office?

Please make checks payable to CoADE and send your payment with this completed application to the CoADE Treasurer:

Lindsey Small
CoADE Treasurer
Pikes Peak Community College
5675 S Academy Blvd
Colorado Springs, CO 80906