



**Institute  
Membership  
Application**

**MACAE  
Hubbs Center for Lifelong Learning  
1030 University Avenue West  
St. Paul, MN 55104**

**Institution Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

<b>Persons Joining Under Institutional Membership</b>			
<b>Name</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>

*If your institution would like to have more listed members than space provided please attach a separate page with information requested*

<b>Fee Calculation For First Year</b>	
<b>Number of Members</b>	<b>Amount</b>
Up to 5 persons	\$ 75
Up to 10 persons	\$ 150
Up to 15 persons	\$ 200
16-19 Persons	\$ 300
20+ persons (add \$15 per person)	No. of people x \$15
<b>Total Amount Due</b>	
<b>Total Number of Members</b>	

**Make Check Payable to MACAE**

**Mail Form and Check to:**

**MACAE  
Hubbs Center for Lifelong Learning  
1030 University Avenue West  
St. Paul, MN 55104**

*All information submitted to MACAE is held confidentially and will never be sold to or used by third parties*