

Melody Arons Center for Applied Preschool Research and Education, Inc.

MEMBERSHIP APPLICATION

2011 Membership - \$150

___ Parent ___ Professional Donation \$ _____

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____ FAX _____

“Growing, Learning, Loving-A Celebration of Life”

Optional-

I am a parent and would like more information about _____

I am a professional (Specify) and would like more information about _____

I am a researcher (Specify) and would like to discuss the following project with MAC

I represent an early intervention agency and would like to discuss with MAC