

**Membership Application Form**  
*Send application with payment to:*  
**CAEL**



**Attention:** Membership Services  
 55 East Monroe, Suite 1930  
 Chicago, IL 60603

*or fax to Membership Services at 312-499-2601*

**\*\*\*PLEASE NOTE: These fees are applicable for July 1, 2009-June 30, 2010. CAEL Memberships are good for 12 months from month of payment.\*\*\***

**Locate the membership category for which you are applying on the chart below and check it:**

Types of CAEL Membership and Fees			
<b>Institutional Membership</b> (for Regionally Accredited Colleges & Universities) Fees are based upon size of institution's enrollment according to Higher Education Directory.			
Category of Membership	Basic	Enhanced	Premier
1-1000	<input type="checkbox"/> \$420	<input type="checkbox"/> \$470	<input type="checkbox"/> \$495
1001-5000	<input type="checkbox"/> \$580	<input type="checkbox"/> \$630	<input type="checkbox"/> \$655
5001 and over	<input type="checkbox"/> \$750	<input type="checkbox"/> \$800	<input type="checkbox"/> \$825
Higher Ed Systems	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875	<input type="checkbox"/> \$900
International	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375	<input type="checkbox"/> \$385
<b>Organizational Membership</b> for Corporations, Healthcare Providers, Associations, Labor Unions and other Non-Academic Organizations.			
Category of Membership	Basic	Enhanced	Premier
For Profit	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$650
Non-profit	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550
<b>CAEL Individual Membership</b> for Educators, Administrators, Managers, Graduate Students, Human Resource Professionals, and others interested in Adult Learning.			
Category of Membership	Basic	Enhanced	Premier
Individual	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140
Student	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70
Retiree	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95

**Canadian/International Memberships:**

*Payment must be made in U.S. funds drawn against a U.S. bank.*

Name of applicant	Title	Department	
Institution/Organization			Web address
Address	City	State	Zip
Telephone number	Fax number	E-mail address	

**Institutional applicants please indicate:**

FICE \_\_\_\_\_ Total Student Enrollment \_\_\_\_\_  
 Highest Degree Offered \_\_\_\_\_ Total **Adult** Student Enrollment \_\_\_\_\_

**Payment Information**

- Check enclosed (make checks payable to CAEL)
- Purchase Order Enclosed
- MasterCard     Visa     American Express

Credit card: Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Signature: \_\_\_\_\_