



ITALIAN AMERICAN COMMITTEE ON EDUCATION

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2008 Membership Application

Please check one:

- | | | |
|-------------|--|--------------------------|
| Individual | \$ 30/year (<i>\$60/year for Children's Library</i>) | <input type="checkbox"/> |
| Institution | \$ 100/year | <input type="checkbox"/> |
| Supporter | \$ 5,000 or more | <input type="checkbox"/> |

Please print clearly:

Name _____

Title: Superintendent Principal Instructor Coordinator Others specify _____

Address _____
Street City State Zip Code

E-mail _____ Tel. _____

School/Center _____

Address _____
Street City State Zip Code

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Please return your application and check to IACE

Make checks payable to Italian American Committee on Education

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