

The Association of Independent Liberal Arts Colleges  
for Teacher Education (AILACTE)

Membership Invoice for Calendar Year 2019  
(January 1 – December 31)

Membership renewal due date December 1, 2018

Full Membership including one newsletter subscription, \$300

Additional journal subscriptions @ \$10 each

(List names and addresses on the back of this form)

Total Amount Enclosed

Please provide the following information so that we can update our database and ensure an accurate entry for your institution in the AILACTE Directory.

Institution Name: \_\_\_\_\_

Dept/School/College: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Chief Institutional Representative: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Institutional Reps:** Select three faculty/staff members to serve as "Institutional Representatives" in 2019. They will also receive free newsletters, e-mail updates and calls for proposals/journal articles.

1<sup>st</sup> Institutional Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_

2<sup>nd</sup> Institutional Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_

3<sup>rd</sup> Institutional Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Institutional Memberships and Accreditations**

Is your institution a member of AACTE? Yes No  
Is your institution pursuing accreditation by CAEP? Yes No

**Names and Addresses for delivery of requested additional journals (\$10 each)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Scan this form and send to [info@ailacte.org](mailto:info@ailacte.org), or postal mail:**

AILACTE  
9001 Mount Zion Rd.  
Linville, VA 22834

**Payment:**

Checks (**preferred**) can be made out to AILACTE and sent to the address above or to pay by credit card:

Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	Amount charged to card <b>\$ 300</b>
Card Number				
Expiration Date			Security Code	
Name				
Billing Zip Code				

For questions, contact Alyssa Haarer at [info@ailacte.org](mailto:info@ailacte.org) or  
540-810-0248

Thank you for your payment!