

**CEA/PA Application for Membership 2009-10**

**Instructions: Please submit the following membership information and appropriate fees made payable to "CEA/PA" to:**

**Lainey Becker, CEA/PA Membership Chair  
Pittsburgh Technical Institute  
1111 McKee Rd.  
Oakdale, PA 15071**

**Phone: (412) 809-5212  
Fax: (412) 809-5121  
E-Mail: becker.lainey@pti.edu**

**Please check one of the following:**

|   |          |
|---|----------|
| <input type="checkbox"/> <b>Institutional Membership</b> (Complete Sections A & B)<br>Includes three members. Add \$30 for each additional member.<br>Includes a PAACE membership for the institutional contact person. | \$175.00 |
| <input type="checkbox"/> <b>Individual Membership</b> (Complete Section B)<br>Includes PAACE Membership   | \$100.00 |
| <input type="checkbox"/> <b>Associate/Student Membership</b> (Complete Section C)<br>Does not include a PAACE Membership  | \$25.00  |
| <input type="checkbox"/> <b>Retired</b> (Complete Section B) Does not include a PAACE membership  | \$50.00  |

**Section (A): Complete for Institutional Membership**

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

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

**Section (B): Institutional Membership – may list three members. The first member listed will be the institutional contact person. Individual and Retired Membership – list one member.**

**Member's Name:** \_\_\_\_\_

Professional Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (If different from Institutional address)

\_\_\_\_\_  
\_\_\_\_\_

**Member's Name:** \_\_\_\_\_

Professional Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (If different from Institutional address)

\_\_\_\_\_  
\_\_\_\_\_

**Member's Name:** \_\_\_\_\_

Professional Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (If different from Institutional address)

\_\_\_\_\_  
\_\_\_\_\_

**Section (C): Complete for Associate/Student Membership.**

**Member's Name:** \_\_\_\_\_

Professional Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (If different from Institutional address)

\_\_\_\_\_  
\_\_\_\_\_