

**Minnesota Association for Developmental Education
MNADE Membership Renewal Form
Membership Year 2010**

Name _____

Position Title _____

Please circle your primary area of interest:

Reading & Study Skills Math Writing Academic Support/Tutoring

ABE ESOL Student Success/Freshman Experience

Other _____

Institution _____

Mailing Address (Please list the address where you would like MNADE mailings sent.)

Daytime Telephone (Please indicate office or home) _____

E-mail _____

MNADE Annual Membership fee: \$15.00

Please send a personal or institutional check made out to MNADE. For institutional checks the vendor number is #200331108-00. We cannot accept purchase orders or credit cards.

Mail your completed membership renewal form and check to:

MNADE
c/o Laurel Watt
Inver Hills Community College
2500 East 80th Street
Inver Grove Heights, MN 55076-3224

For further information about MNADE events, go to www.MNADE.org or contact:

MNADE 2009-2010 President: Vicky Williams at vlwilliams@stcloudstate.edu MNADE Membership Chair: Laurel Watt at lwatt@inverhills.edu
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