



MACTE Membership Change Form

For adding or removing members during a calendar year

Institutions may have an unlimited number of individual members; however voting members are limited to the number indicated in the original membership paperwork.

Please print as many copies of this page as needed to list all members

Institution Name: _____ Calendar Year _____

Add New Member _____ Remove Current Member _____

Member Name: _____

Office Address: _____

_____, Missouri _____

Office Phone: _____ - _____ - _____ ext. _____

Email Address: _____

Voting Member: _____ Yes _____ No

Please indicate the List Serv(s) you adding or dropping:

_____ MACTE – All members _____ Field Experiences _____ Dean's/Unit Heads

_____ Community Colleges _____ Assessment Directors

Member Name: _____

Office Address: _____

_____, Missouri _____

Office Phone: _____ - _____ - _____ ext. _____

Email Address: _____

Voting Member: _____ Yes _____ No

Please indicate the List Serv(s) you are adding or dropping:

_____ MACTE – All members _____ Field Experiences _____ Dean's/Unit Heads

_____ Community Colleges _____ Assessment Directors

Number of Additional Members _____ x \$25.00 _____

Total Membership Dues _____

_____ Dues Enclosed _____ Paid with Paypal

Please send membership form and dues to: **Tracy Smith – MACTE Executive Secretary**

5606 W. 154th St.

Overland Park, KS 66223

(913)626-8583

mactexecsecretary@gmail.com