

**MEMBERSHIP APPLICATION AND  
ABEL JOURNAL SUBSCRIPTION FORM**

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**Please check all applicable categories**

CATEGORY	√	FEE	BENEFITS
Individual Membership		\$35	Basic membership benefits
Individual Affinity Membership		\$25	Basic COABE membership benefits for current members of ProLiteracy
Individual Affinity Membership to COABE and ProLiteracy		\$60	Basic membership with COABE and ProLiteracy
Affiliate Group Membership*		\$150	Basic membership benefits for five individuals
Small Group Membership		\$300	Basic membership benefits for ten individuals
Medium Group Membership		\$700	Basic membership benefits for twenty-five individuals
Large Group Membership		\$1,200	Basic membership benefits for fifty individuals
Member ABEL Journal Subscription**		\$35	Subscription to ABEL Journal for members
Non-member ABEL Journal Subscription**		\$65	Subscription to ABEL Journal for nonmembers
Institutional Journal Subscription**		\$109	Subscription to ABEL Journal for institutions

Basic membership benefits include voting privileges, public policy alerts, discounted conference registration and an opportunity to compete for awards, scholarships, and incentive grant funds.  
\*Affiliate group is defined as a professional membership association at the local, state, regional and national level.  
\*\*Add \$12 for shipments to Canada and \$27 for countries outside the U.S. and Canada,.

**CONTACT INFORMATION** (IF REGISTERING A GROUP, PLEASE INCLUDE INDIVIDUAL MEMBERS ON THE BACK OF THIS FORM)

Name (of individual member or contact person if registering a group): \_\_\_\_\_

Agency or District: \_\_\_\_\_ Title: \_\_\_\_\_

Choose the category that best describes the work that you do:

- Adult Instructor  
  Administrator  
  Counselor  
  Professional Developer  
  Volunteer  
  Professor  
 State Administrator  
  Family Literacy Provider  
  Other

E-mail \_\_\_\_\_ (E-mail used for COABE communications and public policy alerts)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**PAYMENT METHOD (CHECK ONE)**

Check  
  PO # \_\_\_\_\_  
  Mastercard  
  VISA  
  Discover  
  American Express  
 Account # \_\_\_\_\_ Expiration \_\_\_\_\_ Signature \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT)**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

