

**Membership Application**  
**ASSOCIATION OF CAREER EMPLOYEES**  
P.O. BOX 44008, MADISON, WI  
53744-4008

*Join ACE today if you want your voice to be heard in Wisconsin State Government.*

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

**Home address:**

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Email \_\_\_\_\_

**Employment status**

- Currently employed by the State of Wisconsin
- Retired state employee

**Current or most recent State of Wisconsin employer**

Department or Agency \_\_\_\_\_

Division or Facility \_\_\_\_\_

Job Title: \_\_\_\_\_

**MEMBERSHIP DUES:** \$35.00 Current employees  
\$30.00 Retired member

**Please make your check payable to:** Association of Career Employees

**And return with this form to:** ACE, P.O. Box 44008, Madison, WI 53744-4008

**Questions:** Contact our administrative service, Communicators of Wisconsin by email at [ace@wiscow.com](mailto:ace@wiscow.com) or by telephone at 608-848-9008.