NEW YORK STATE ASSOCIATION OF FOREIGN LANGUAGE TEACHERS, Inc.
MEMBERSHIP APPLICATION

NYSAFLT membership is by calendar year – January 1 – December 31
Memberships received after June 30 will be credited to the following calendar year and will **not** count for the current year's membership status.

LAST NAME: _____ FIRST NAME: _____
STREET ADDRESS: _____ REFERRED BY: _____
CITY / STATE / ZIP: _____ COUNTY: _____
HOME PHONE: ( ) _____
PREFERRED E-MAIL: _____ ALTERNATE E-MAIL: _____
SCHOOL NAME: _____
SCHOOL ADDRESS: _____
SCHOOL PHONE: ( ) _____ YEARS OF TEACHING EXPERIENCE: _____

Please select the region (only one) in which you would like to be included for regional mailings:

__ Buffalo
__ Capital
__ Long Island
__ Mid-Hudson
__ NYC
__ Northern (East / West) circle one
__ Rochester
__ Southern Tier
__ Syracuse
__ Westchester

Please check the language(s) you teach:

__ French
__ German
__ Hebrew
__ Italian
__ Latin
__ Russian
__ Spanish
__ ESL
__ Chinese
__ Other:

Please check the level(s) at which you work:

__ Elementary/FLES
__ Middle / Junior High
__ Other _____
__ Dept. Chair / Supervisor
__ Senior High
__ Post Secondary
__ Methods Instructor

NYSAFLT is an organization made up of teachers who volunteer their time and talents. Please check any of the following activities with which you would be willing to help!

__ Annual Meeting Hospitality
__ Annual Meeting Registration
__ Workshop Presenter
__ Other _____

Membership Type: Please indicate your membership category by circling the correct amount and entering it on the line below:

__ Regular	$55 (2 yrs. $105)
__ Associate (part-time)	$35
__ Retiree	$25 (2 yrs. $45)
__ Full-Time Student	$15
__ Life - Regular	$1375
__ Life - Retiree	$625

Enter Membership Amount Here: $ _____

Please consider making a donation to NYSAFLT to help support one or more of the following award funds:

Philip Fulvi Fund	(Student Award)	$
Anthony Papalia Fund	(Research)	$
Dorothy Ludwig Fund	(Service)	$
Gertrude Rossin Fund	(Culture)	$
Kay Lyons Fund	(Leadership)	$
General Scholarship Fund	(General)	$
Charles Zimmerman Fund	(Teacher-led Travel)	$
Student Study Abroad Endowment Fund		$

ENTER TOTAL PAYMENT HERE: $

Pay by CHECK, CREDIT CARD or SCHOOL P.O.
(MasterCard or VISA ONLY – NO CHECK CARDS)

Enter Card Number Here:
__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __
Exp. Date ___ ___ / ___ ___ 3-digit security code __ __ __
Signature _____

JOIN OR RENEW ONLINE OR RETURN COMPLETED APPLICATION WITH CHECK (PAYABLE TO NYSAFLT), CREDIT CARD INFORMATION, OR SCHOOL DISTRICT PURCHASE ORDER TO:
NYSAFLT, 2400 Main Street, Buffalo, NY 14214
OR FAX TO 716-836-3020

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