IFLTA

Indiana Foreign Language Teachers Association www.IFLTA.org

2011-2012 Membership Form
(September 1, 2011 - August 31, 2012)

Your Name: _____
Last First Middle Initial

School Name: _____

Language(s) Taught: _____ Levels: K-5 6-8 9-12 post-sec.

Preferred Mailing Address: Home address: _____ Work address: _____

Street: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Fax: _____

Preferred E-mail Address: _____

Membership Fees:

Regular Membership	$20
Retiree Membership	$15
Student Membership (full-time students only)	$10

Membership Fee Enclosed: $_____

PLEASE NOTE:

If you attend(ed) the November 2011 IFLTA conference you are automatically a member of IFLTA and do not need to enroll separately. Your conference registration fee includes your annual membership fee.
To register as an IFLTA member please print out this page and return it with your check to:
Julie Canady, Treasurer

Central Middle School
303 E. Superior St.
Kokomo, IN 46901