



Arizona Teachers of English to Speakers of Other Languages, Inc.

MEMBERSHIP APPLICATION

Please print this form. Then write or type the requested information in black ink on the lines below and check the appropriate boxes. When completed, please enclose a check (payable to AZTESOL) for the proper amount and mail it with the completed form to:

**AZTESOL Membership
P.O. Box 881
Yuma, AZ 85366**

Name: _____ Date: _____
(given, middle/middle initial, family)

Address: _____
(number, street name, apartment number)

City: _____ State: _____ Zip: _____ Country: _____
(or province) (or postal code)

Please check one: New membership Membership renewal

Please check one: One-year Regular US \$ 25.00

One-year Student/Part-time/Retired US \$ 15.00

I would like to make a contribution to the AZTESOL Scholarship Fund of US \$ _____
(Contributions are tax-deductible. We will send a letter of acknowledgement.)

Total Amount Enclosed: US \$ _____

Please provide the following information so that we may better serve you:

Position or title: _____

Institution: _____

Institution mailing address line 1: _____

Institution mailing address line 2: _____

Institution mailing address line 3: _____

Phone: (____) _____ *Please check one:* Home Work Cell

E-mail address: _____

In what other professional organizations do you have memberships? _____

Areas of special interest (check all that apply):

Adult Education and Community Partners

K-12

Community Colleges

Sociopolitical Concerns

Higher Education (University and IEP)

Thank you! ☺