

INTESOL Membership Application

Name: _____

Last

First

Middle

Name: _____

(for Joint Membership only)

Last

First

Middle

Address: _____

Street

Apt

City

State

Zip Code

Home Phone: (____) _____ - _____ Include in INTESOL Directory*? Yes No

Work Phone: (____) _____ - _____ Include in INTESOL Directory*? Yes No

Email: _____@_____ Include in INTESOL Listserv*? Yes No

Email: _____@_____ Include in INTESOL Listserv*? Yes No

(for Joint Membership)

Affiliation: _____

AREAS OF INTEREST

Please choose all areas of INTESOL in which you are interested:

- K-12 Programs Adult / Community Programs
 University / Intensive Programs Graduate Student Programs

Regular Membership Dues

Membership valid until November 2010

- Full-time Student [\$ 20]**
 Individual Membership [\$ 25]
 Joint Membership (2) [\$ 40]***

Payment must be received by November 14, 2009

Regular Membership is for 12 months - as measured from annual conference to annual conference. Make check payable to **INTESOL** and mail with this form to:

P.O. Box 44673, Indianapolis, IN 46244

RETURNED CHECK FEES WILL BE THE RESPONSIBILITY OF THE CHECK WRITER.

* Member information is used by INTESOL in two ways: to contact members to inform them of conferences and other related information, and to create a directory of member names and contact information that is distributed to all members.

** Full-time students must provide a copy of their student identification with this form.

*** Joint membership is available for spouses and domestic partners who share the same mailing address.

Please make sure that your organization is aware of the sponsor form available for download from our Website at <http://www.intesol.org>, or in hard copy format on request.

Complete, clip, and save the following receipt for your records:

INTESOL MEMBERSHIP RECEIPT	
Name:	_____
Date:	_____
Amount Paid:	_____
Check Number:	_____