



NEW YORK STATE ASSOCIATION OF FOREIGN LANGUAGE TEACHERS, Inc.



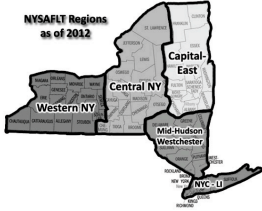
MEMBERSHIP APPLICATION

NYS AFLT membership is by calendar year – January 1 – December 31.

LAST NAME: _____ FIRST NAME: _____
 TELEPHONE: () _____ REFERRED BY: _____
 STREET ADDRESS: _____ COUNTY: _____
 CITY / STATE / ZIP: _____
 PREFERRED E-MAIL: _____ ALTERNATE E-MAIL: _____
 SCHOOL NAME: _____
 SCHOOL ADDRESS: _____

Please select up to two regions in which you would like to be included for regional information:

Western NY
 Central NY
 Capital-East
 Mid-Hudson-Westchester
 NYC-Long Island



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

<input type="checkbox"/> Regular	\$45 (2 yrs. \$90)
<input type="checkbox"/> Associate (part-time)	\$35
<input type="checkbox"/> Retiree	\$25 (2 yrs. \$45)
<input type="checkbox"/> Full-Time Student	\$15
<input type="checkbox"/> Life - Regular	\$1,125
<input type="checkbox"/> Life - Retiree	\$625

Please check the language(s) you teach:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Italian	<input type="checkbox"/> Other:
<input type="checkbox"/> French	<input type="checkbox"/> Latin	
<input type="checkbox"/> German	<input type="checkbox"/> Portuguese	
<input type="checkbox"/> Greek	<input type="checkbox"/> Russian	

Enter membership amount here: \$ _____

Renew online to set up instant access to the Members Only area of our website.

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

<input type="checkbox"/> Elementary / FLES	<input type="checkbox"/> Senior High
<input type="checkbox"/> Middle / Junior High	<input type="checkbox"/> Post-secondary
<input type="checkbox"/> Dept. Chair / Supervisor	<input type="checkbox"/> Methods Instructor
<input type="checkbox"/> Other _____	

Please consider making a donation to NYS AFLT to help support our 100K for 100 Years sustaining fund!
 (For complete information, please visit our website.) \$ _____

ENTER TOTAL PAYMENT HERE: \$ _____

NYS AFLT 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 Conference volunteer ___ Workshop presenter
 ___ Committee member: _____

Pay by CHECK, CREDIT CARD or SCHOOL P.O.

Payment by check – payable to NYS AFLT
 Payment by Purchase Order – return with this form
 (Mail or scan and email)
 Credit card – online only – do not use this form.

JOIN OR RENEW ONLINE OR RETURN COMPLETED APPLICATION WITH CHECK (PAYABLE TO NYS AFLT) OR SCHOOL DISTRICT PURCHASE ORDER TO:
 NYS AFLT, 2400 Main Street, Buffalo, NY 14214
 OR scan and email to info@nysafl.org.

Visit www.nysafl.org for complete information about membership, conferences, webinars, scholarships, grants and awards!

NYS AFLT membership is by calendar year – January 1 – December 31. Memberships received after June 30 will be credited to the following calendar year, but will be immediately added to our listserv and given access to the Members Only area of the NYS AFLT website for the remainder of the current year. There's never a better time than now to join or renew!

This form valid for 2017 and 2018 only. Current form available at www.nysafl.org.