



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 CITY/STATE:	_____		

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

<input type="checkbox"/> Western NY
<input type="checkbox"/> Central NY
<input type="checkbox"/> Capital-East
<input type="checkbox"/> Mid-Hudson-Westchester
<input type="checkbox"/> NYC-Long Island
<input type="checkbox"/> Out of state

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

Enter membership amount here: \$ _____

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	

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 NYSAFLT to help support our 100K for 100 Years sustaining fund!
(For complete information, please visit our website.) \$ _____

ENTER TOTAL PAYMENT HERE: \$ _____

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 Conference volunteer ___ Workshop presenter

___ Committee member: _____

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

<input type="checkbox"/> Payment by check – payable to NYSAFLT
<input type="checkbox"/> Payment by Purchase Order – return with this form (Mail or scan and email)
<input type="checkbox"/> Credit card – online only – do not use this form.

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

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

NYSAFLT 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 NYSAFLT website for the remainder of the current year. There’s never a better time than now to join or renew!