

2008-
2009



Florida ASL Teachers Association Membership Application

FASLTA's fiscal year follows the traditional school calendar year, September to August. Dues are payable for 2008-2009. Thank you!

Please PRINT the following information:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Florida County: _____

E-mail Address: _____@_____

I do not give permission for my email to be added to the FASLTAPAID email group to receive email & newsletters to FASLTA members. (Your email address will **NEVER** be shared or sold.)

Home Phone: _____ (circle 1): Voice / TTY / Both / VP

Work Phone: _____ (circle 1): Voice / TTY / Both / VP

Check one: New Membership Renewal Membership

IF **NEW**, who referred you? (name) _____

Annual membership dues of **\$25.00** per school year is due **BEFORE** August 15, 2008. Please return the completed application with your *check or money order payable to FASLTA* and mail to:

FASLTA
c/o Alysse Rasmussen
9729 Lake Douglas Place
Orlando, FL 32817

Please allow 4-6 weeks for receipt of your membership card and materials. Thank you.

* IF your mailing address changes, please let us know via the website: **www.fasлта.org/contact.html**

OFFICE USE ONLY:

Date received _____ Amount _____ Check # _____

Card sent _____ Referral Credited _____