



2010-
2011

Florida ASL Teachers Association Membership Application

FASLTA's membership year follows the traditional school calendar year, September to August. Dues are payable for 2010-2011. Thank you! Full membership (voting) is **\$25.00**, Supporting (non-voting) is **\$19.00**.

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

School name: _____ School City _____

Demographic: I am (check one): Deaf Hard of hearing Hearing

ASLTA Certification Level (if applicable): Professional Qualified Provisional

Florida DOE Endorsement? Yes No

Check one: New Membership Renewal Membership

Annual membership dues (check one):

\$25.00 (Full member) **OR** **\$19.00** (Supporting) per school year is due by **August 15**.

Please return the completed application with your *check or money order* for the appropriate amount, payable to: *FASLTA* and mail to:

FASLTA
Bill Cooper, FASLTA Treasurer
1871 Aster Dr.
Winter Park, FL 32792-6205

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.faslta.org/contact.html

OFFICE USE ONLY:

Date received _____ Amount _____ Check # _____ Card sent _____