



**2009-  
2010**

## Florida ASL Teachers Association Membership Application

FASLTA's fiscal year follows the traditional school calendar year, September to August. Dues are payable for 2009-2010. 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**.

Please return the completed application with your *check or money order 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](http://www.faslta.org/contact.html)**

**OFFICE USE ONLY:**

Date received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

Card sent \_\_\_\_\_ Referral Credited \_\_\_\_\_