

New Member / Member Renewal Form

CCFLT New Member / Member Renewal Form

Name: _____
Address: _____
City/State/Zip: _____
School: _____
Home Phone: _____
Work Phone: _____
Email Address: _____

What levels do you teach/administer?

K-6 _____ 6-9 _____ 9-12 _____ Higher Education _____

What language(s) do you teach?

Chinese _____ French _____ German _____ Italian _____ Japanese _____
Latin _____ Russian _____ Spanish _____ Bilingual _____ Other _____

Which category best describes the membership level you seek?

- _____ 1-year professional: \$ 35
- _____ 2-year professional: \$ 60
- _____ 3-year professional: \$ 85
- _____ 5-year professional: \$ 120
- _____ 1st-year teachers: \$ 20
- _____ students: \$ 20
- _____ retired professionals: \$ 20

Please check the following, as applicable:

- _____ Contact me for committee work.
- _____ Sign me up to be a session host at the CCFLT Spring Conference.
- _____ Send me a hard copy of the newsletter
- _____ (Renewal only) Contact me to run for the CCFLT Board of Directors.

Make checks payable to "CCFLT Membership"

Forward this form and payment to:

CCFLT
P.O. Box 2384
Boulder, CO 80306-2384

Questions? Contact Jolena Brusha at (303) 447-0419
or email execsec@ccflt.org.