



AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION

NEW and RENEWAL ASLTA CHAPTER / GROUP AFFILIATION APPLICATION

_____ Chapter (complete all information below) _____ Group (go to Group section below)

Name of ASLTA Chapter: _____

History: What year did Chapter establish? _____
other old chapter name before this ? _____

Any old Bylaws before this you can send and share? Y _____ N _____ N/A _____

Chapter Officers:

President's Name: _____

Email: _____ Text: _____ VP: _____

President's Term of Office: From date to date: _____

Vice President's Name : _____

Email: _____ Text : _____ VP: _____

Vice President's Term of Office: _____

Vice President's Term of Office: From date to date: _____

Secretary's Name : _____

Email: _____ Text: _____ VP: _____

Your Secretary Term of Office: From date to date: _____

Treasurer _____

Email: _____ Text: _____ VP: _____

Your Secretary Term of Office: From date to date: _____

Professional Development Chair's Name: _____

Email: _____ Text: _____ VP: _____

Your Professional Development Chair Term of Office: From date to date: _____

Chapter Members: _____

Phone (Main) _____

Email (Main) _____

Street address _____

City/State/Zip _____

Facebook page _____

Website: _____

Please attach chapter bylaws and send completed form with check/money order along **either** \$100 NEW application fee **OR** \$35 Annual Dues to chapters@aslta.org to:

ASLTA Treasurer
PO Box 64801
Rochester, NY 14624

GROUPS Group name _____ Date established _____

Leader name _____
Group Address _____, City _____ State ____ Zip _____
Email _____ Text _____ VP _____
Members _____

Please send this completed form with check/money order along with \$75 annual dues to:

ASLTA Treasurer
PO Box 64801
Rochester, NY 14624

<p>For Office Use Only</p> <p>Date Rec'd: _____</p> <p>Check/MO#: _____</p> <p>Amount: _____</p>
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