

ANNUAL MEMBERSHIP APPLICATION



AMERICAN SIGN LANGUAGE
TEACHERS ASSOCIATION



Last, First Name _____

School Name _____

Street Address _____

City, State, ZIP _____

Email Address _____

Phone / VP _____

COMMUNICATION PREFERENCES

Note: ASLTA contacts members via email regarding membership questions and reminders; regarding certification issues for certified members; and for other business-related purposes.

Include my information in ASLTA's online directory (name, state, membership level, certification status)

Include my information in ASLTA's online directory but not my state of residence (all other information is required in the Directory)

Receive ASLTA communications

MEMBERSHIP IS DUE ON **SEPTEMBER 1 OF EACH YEAR**
Register online for ASLTA & ASLHS: www.aslta.org/membership/

CATEGORY	DESCRIPTION	DUES	OPTIONAL	ASL HONOR SOCIETY FEES	AMOUNT
Certified Member	Full voting privileges. Has current ASLTA certification. State teacher certification or licensure does not apply.	\$110.00 / 1 year \$209.00 / 2 years	Eligible for ASL Honor Society.	\$25.00 / 1 year \$42.00 / 2 years	Total: \$ _____
Associate Member	Voting privileges on all matters except certification. Does not hold ASLTA certification.	\$90.00 / 1 year \$171.00 / 2 years	Eligible for ASL Honor Society.	\$25.00 / 1 year \$40.00 / 2 years	Total: \$ _____
Supporting Member	No voting privileges. For students and others who support ASLTA's mission.	\$60.00 / 1 year \$114.00 / 2 years	Not eligible for ASL Honor Society.	N/A	Total: \$ _____
Retired + ASLTA Certified	Is not currently teaching ASL. Full voting privileges. ASLTA certification exempt from renewal requirements.	\$60.00 / 1 year \$114.00 / 2 years	Not eligible for ASL Honor Society.	N/A	Total: \$ _____
Retired	Is not currently teaching ASL. Voting privileges on all matters except certification. Does not hold ASLTA certification.	\$60.00 / 1 year \$114.00 / 2 years	Not eligible for ASL Honor Society.	N/A	Total: \$ _____
Institutional Member	No voting privileges. For business and commercial support of ASLTA.	\$250.00 per year	N/A	N/A	Total: \$ _____
SEND THIS FORM AND PAYMENT via check or Purchase Order made payable to ASLTA (<u>must be together</u>) to: ASLTA TREASURER, PO Box 64801, Rochester, NY 14624					Grand Total: \$ _____

STAY CONNECTED

www.aslta.org

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