

# 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/](http://www.aslta.org/membership/)

CATEGORY	DESCRIPTION	DUES	OPTIONAL	ASL HONOR SOCIETY FEES	AMOUNT
<b>Certified Member</b>	Full voting privileges. Has current ASLTA certification. State teacher certification or licensure does not apply.	<b>\$115.00 / 1 year</b> <b>\$218.00 / 2 years</b>	Eligible for ASL Honor Society.	\$26.00 / 1 year \$41.00 / 2 years	Total: \$ _____
<b>Associate Member</b>	Voting privileges on all matters except certification. Does not hold ASLTA certification.	<b>\$94.00 / 1 year</b> <b>\$178.00 / 2 years</b>	Eligible for ASL Honor Society.	\$26.00 / 1 year \$42.00 / 2 years	Total: \$ _____
<b>Retired + ASLTA Certified</b>	Not currently teaching ASL. Full voting privileges. Exempt from certification renewal requirements.	<b>\$63.00 / 1 year</b> <b>\$119.00 / 2 years</b>	Not eligible for ASL Honor Society.	N/A	Total: \$ _____
<b>Retired</b>	Is not currently teaching ASL. Voting privileges on all matters except certification. Does not hold ASLTA certification.	<b>\$63.00 / 1 year</b> <b>\$119.00 / 2 years</b>	Not eligible for ASL Honor Society.	N/A	Total: \$ _____
<b>Institutional Member</b>	No voting privileges. For business and commercial support of ASLTA.	<b>\$250.00 per year</b>	N/A	N/A	Total: \$ _____

## PAYMENT OPTIONS

**Credit card:** [www.aslta.org/membership-payment](http://www.aslta.org/membership-payment)

**Purchase order:** Email PO with this form to [treasurer@aslta.org](mailto:treasurer@aslta.org)

**Mail:** Send this form and payment made out to ASLTA to P.O. Box 64801 / Rochester, NY 14624

**Membership categories and prices in effect beginning 9/1/2025**

Grand Total:

\$ \_\_\_\_\_

**STAY  
CONNECTED**



[www.aslta.org](http://www.aslta.org)



@NationalASLTA



[www.aslhonorsociety.org](http://www.aslhonorsociety.org)



NationalASLTA



@NationalASLTA



[facebook.com/ASLHonorSociety](https://facebook.com/ASLHonorSociety)