



Membership Application Form 2017-18 School Year JULY 1 – JUNE 30

Circle the Appropriate Title: Dr. Miss Mr. Mrs. Ms.

Last Name _____

First Name _____

Home Address _____

City _____ State _____ Zip _____

(H) Phone _____ (W) Phone _____

E-mail Address _____

Language(s) You Teach _____

Name of School _____

County / School System _____

Role: Teacher _____ Supervisor _____ Specialist _____ Other _____

Please Check:

_____ Elementary School

_____ Middle School

_____ High School

_____ Higher Education

Dues:

_____ Regular Membership - \$20

Classroom teachers and language supervisors employed on a full or part time basis

_____ Friend of MFLA Membership - \$20

Persons interested in the purpose of MFLA, but not employed as classroom teachers or language supervisors

_____ Student Membership - \$10 (with copy of valid ID)

Students enrolled in a college or university who are not currently employed as classroom teachers

_____ Retiree Membership - \$10

Persons previously active in world language education who are currently retired from full or part time employment

_____ 1st Time Membership – Free (limited to one year)

Classroom teachers and language supervisors who have never been members of MFLA

Make check payable to **MFLA** and mail it to:

Dr. Jeffrey Samuels, Treasurer
704 Squires Road
Towson, MD 21286