



Membership Application Form 2018-19 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:

Ms. Emily Bugbee, Treasurer
220 Mike Drive
Elkton, MD 21921