

# MASSACHUSETTS FOREIGN LANGUAGE ASSOCIATION

## 2017 MEMBERSHIP ENROLLMENT OR RENEWAL FORM

Valid until December 31, 2017.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

### Home Address:

Street: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Personal Email: \_\_\_\_\_

New Member: <input type="checkbox"/>	1 Calendar Year: (\$45) <input type="checkbox"/>	I would like to contribute to the scholarship fund: \$ _____ <input type="checkbox"/>
Change of School: <input type="checkbox"/>	3 Calendar Years: (\$120) <input type="checkbox"/>	Total amt. enclosed: \$ _____
Change of Name: <input type="checkbox"/>	Full-Time Student (With Documentation) (\$15) <input type="checkbox"/>	
Change of Address: <input type="checkbox"/>	New Teacher (With Documentation) (\$25) <input type="checkbox"/>	
	Retired (\$25) <input type="checkbox"/>	

Make your check payable to: MaFLA (Massachusetts Foreign Language Association).

### Work Affiliation:

School Name: \_\_\_\_\_

School Address: Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Work Email: \_\_\_\_\_

### Languages Taught:

French  Spanish  German  Italian  Chinese  Latin  Arabic  Portuguese  Other:  \_\_\_\_\_

### Academic Degree:

PhD  Masters  Bachelors  Other  \_\_\_\_\_

### Level(s) Taught:

Elem.  M.S.  J.H.S.  H.S.  C.C.  Coll./Univ.  Other:  \_\_\_\_\_

### Member of:

AATF  AATSP  AATG  ACTFL  MLA  CAM  CANE  MITA  CLASS  Other  \_\_\_\_\_

### Position:

FL Teacher/Professor  FL Department Head/Chair  FL District Supervisor  Other  \_\_\_\_\_

Please do not share my personal information with third parties.

Mail this order form with your check made payable to **MaFLA** to:

MaFLA Membership, P.O.Box 590193, Newton Center, MA, 02459, Tel: 617-964-6141, Fax: 617-244-4164.