

MASSACHUSETTS FOREIGN LANGUAGE ASSOCIATION

2019 MEMBERSHIP ENROLLMENT OR RENEWAL FORM

Valid until December 31, 2019.

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 note: MaFLA does not share personal information with third parties.

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