



CALIFORNIA LANGUAGE TEACHERS' ASSOCIATION

Membership Application & Renewal Form

Membership is for the Academic year September 1, 2016 – August 31, 2017

Name (please print) _____
Title (circle one) Dr. Mr. Miss Ms. Mrs. Sister Rev. Brother

Home Address _____
number street
_____ CA _____
city zip

Home Phone (____) _____ School Phone (____) _____

School _____ Language(s) _____

School Address _____ CA _____
number street city zip

E-mail _____ Fax (____) _____

NOTE: Your personal email address works better, because:

- Your school email server may block our emails to you.
- When you change schools/districts or employment status, you can still stay in touch with us.

(New members) I was encouraged to join by _____
at _____ School.

CLTA Membership:	_____ New	_____ Renewal
_____ \$45 Regular		
_____ \$35 Part-time		
_____ \$35 Retiree		
_____ \$10 Student Teacher		\$ _____

Affiliate Membership: _____ \$ _____
(Check with your affiliate for pricing)

TOTAL \$ _____

Please make check payable to **CLTA** and send it with this form to:

CLTA Membership
1614 27st Street
Sacramento, CA 95816