



CALIFORNIA LANGUAGE TEACHERS' ASSOCIATION

Membership Application & Renewal Form

Membership is for the Academic year September 1, 2017 – August 31, 2018

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.

<b>CLTA Membership:</b>	_____ New	_____ Renewal
_____ \$35 Regular		
_____ \$25 Part-time		
_____ \$25 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 27<sup>st</sup> Street  
Sacramento, CA 95816

NOTE: Returned checks will be subjected to a \$35 fee.