TFLTA MEMBERSHIP/INFORMATION UPDATE FORM [NOTE: Please submit only if you are **not** attending the conference!]

☐ Life Member	☐ Renewing Member	☐ New Member	☐ Information change only
Dues enclosed: Make checks out to.	☐ Life membership:\$200	Addition	☐ Patron \$50 nal contribution to the Aliene Click onal Development Scholarship Fund
Personal Informa	<u>ation</u>		
Last Name:		First Name:	Initial:
Address (indicate i	f home or work):		
Street address:			
City:		State:	Zip Code:
County:			
Phone (indicate if home or work): ()			
E-mail address:			
Employment Information			
School/College Name:			
Languages Taught (check all that apply)			
		Greek □ Italian	☐ Japanese ☐ Latin
Teaching Level (check all that apply)			
☐ Elementary ☐ College/Univers	☐ Jr. High/Middle sity ☐ Student	☐ High School ☐ Other (please spe	☐ Community College
DATE:		Make checks out to: T	TWLTA
Send form to : Erika Stevens			

Walters State Community College, Sevier Co. Campus

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