Membership Application

Mid-America Teachers of English to Speakers of Other Languages

http://www.midtesol.org

Membership Number: _____
Name:_____
Home Address:_____
City:_____State:_____Zip_____
Home Phone:_____

Work Address:_____
City:_____State:_____Zip_____
E-mail:_____@_____
Work Phone:_____
Fax: _____

Please use the following for contact information: / / Home / / Work

_____ This is a change of address.

Affiliation / Employer: _____

Sign me up for (*Check one*):

MIDTESOL Membership:	***Dues:***	***Other Membership Types:***
_____ New	_____$16.00 (one year)	_____$ 8.00 Student Membership**
_____ Renewal	_____$42.00 (three years)	_____$ 28.00 Institutional Membership

**** I, _____, verify that the applicant is a full-time student at _____**
_____*(name of institution)*. **Student Advisor Signature: _____**

Levels at Which you are working currently	**/ / Elementary**	**/ / Secondary**	**/ / College / University**	**/ / Adult Education**
Interest Areas: Check areas you want to collaborate in for MidTESOL	**/ / K-12****	**/ / Intensive Programs****	**/ / Community Colleges / Adult Education****	**/ / Higher Ed / Teacher Training****
***Represents current MIDTESOL active sections*	**/ / Social / Political Concerns**	**/ / Research**	**/ / Publications**	**/ / Board / Leadership**

If you don't want your information in the Membership Directory:

I would ***NOT*** like my information published in the MIDTESOL Membership Directory / /

The information furnished above is used exclusively for purposes of MIDTESOL communication and membership, available only to members for networking purposes/opportunities. It will ***NOT*** be sold to anyone.

Please send your check payable to **MIDTESOL** and mail it with this form to:

Heather Ditzer
University of Central Missouri
Ward Edwards Building 1200
Warrensburg, MO 64093

TESOL *and* ***MIDTESOL*** *associations are separate. Membership in one does not provide membership in the other*.