



WAESOL Membership Application

New Membership **Renewal** *member number* _____

Contact Information-- Please provide all requested information.

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Employer/Affiliation	
Memberships	<input type="checkbox"/> TESOL <input type="checkbox"/> NABE <input type="checkbox"/> ORTESOL <input type="checkbox"/> TEAL <input type="checkbox"/> Other: _____

Professional Interests

Please indicate your professional interest areas.

- | | |
|---|---|
| <input type="checkbox"/> K-12 Issues | <input type="checkbox"/> CALL/CAI |
| <input type="checkbox"/> EFL | <input type="checkbox"/> Applied Linguistics/Research |
| <input type="checkbox"/> College/University IEP | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Materials Development | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Adult Education/ESL | <input type="checkbox"/> Administration |

Service Interests

Please indicate your area of interest if you would like to serve on a committee.

- | | |
|--|---|
| <input type="checkbox"/> K-12 Issues | <input type="checkbox"/> Socio-political Concerns (SPICY) |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Professional Development/Grants | <input type="checkbox"/> Nomination |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Publishers |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Publicity/Phone Bank |

Information Permissions

Please indicate which information we may share with other members.

- Address
- Phone Number
- Please share work address and phone number only.**
- E-mail Address

Payment Information

Annual Regular Membership: \$30

Please indicate your method of payment.

Student **Senior** **Aide: \$15**

- Cash
- Check (made payable to WAESOL--Send to PO Box 1606, Port Orchard, WA 98366)
- Credit Card (Please indicate type of credit card):

Card Number: _____	Expiration Date: _____
Signature: _____	Date: _____



Washington Association for the Education of Speakers of Other Languages
WAESOL, P.O. Box 33277, Seattle, WA 98133-0277

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(425) 788-7593

www.waesol.org

