



Puerto Rico TESOL

Teachers of English to Speakers of Other Languages

Website: www.prtesol.org

Email: prtesolmembership@gmail.com

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MEMBERSHIP FORM

NEW

RENEWAL

NAME: _____ Member ID # _____
Last (Names) First Middle Initial

MAILING _____
ADDRESS _____

PHONE NUMBER: _____

City Country Zip Code

E-MAIL: _____ @ _____

WORK/STUDY: Public Private

CURRENT LEVEL:

PLACE: _____

City Country Zip Code

____ Elementary
____ Secondary
____ Higher Education
____ Administration
____ Student

MEMBERSHIP FEES (Please check the rate that applies to you.)

CHAPTER: (Check one)

ONE YEAR

REGULAR \$25

FULL-TIME STUDENT** \$20

RETIRED \$20

INSTITUTION*** \$30

____ EASTERN
____ NORTHERN
____ SOUTHERN
____ WESTERN

PAYMENT:

____ CHECK
____ MONEY ORDER
____ CASH (No cash through the mail, please)

** Rate for full-time student only, undergraduate 12 credits or more, graduate 6 credits or more. **A copy of the present class program is required with membership form.**

*** This fee entitles institutions to mailings only.

MAIL TO:

Referred by _____

PUERTO RICO TESOL
ATTN: MEMBERSHIP SECRETARY
PO BOX 366828
SAN JUAN, PR 00936-6828

* A \$25.00 fee will be charged for each returned check.

PLEASE DO NOT FILL OUT

Membership Card Date Sent:

Check No. _____

Date: _____

Banking Institution: _____