



Puerto Rico TESOL

Teachers of English to Speakers of Other Languages

Website: www.prtesol.org

Email: prtesolmembership@gmail.com

Twitter: [@PRTESOL](https://twitter.com/PRTESOL)

Facebook: [PRTESOL](https://www.facebook.com/PRTESOL)

MEMBERSHIP FORM

NEW RENEWAL

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

MAILING ADDRESS _____

City Country Zip Code

HOME PHONE: _____
CELL PHONE: _____
E-MAIL: _____ @ _____

WORK/STUDY: Public Private

CURRENT LEVEL:

PLACE: _____

City Country Zip Code

____ Elementary
____ Secondary
____ Higher Education
____ Administration
____ Student
____ Other (please specify)

TELEPHONE(S): _____

MEMBERSHIP FEES (Please check the rate that applies to you.) **CHAPTER:** (Check one)

ONE YEAR

____ EASTERN
____ NORTHERN
____ SOUTHERN
____ WESTERN
____ OTHER

- REGULAR \$25
- FULL-TIME STUDENT** \$20
- RETIRED \$20
- INSTITUTION*** \$30

PAYMENT:

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

* **Special Group Rate Discount of \$ 5 per person for 5 or more new members from a given institution. Forms must be mailed as one packet.**

** 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 \$10.00 fee will be charged for each returned check.**

PLEASE DO NOT FILL OUT

Membership Card Date Sent: _____

Check No. _____

Date: _____

Banking Institution: _____