MEMBERSHIP FORM

□ NEW       □ RENEWAL

NAME:__________________________________________  Member ID #: ______________

Last (Names)   First   Middle Initial

MAILING ADDRESS:__________________________________

HOME PHONE: ____________________________________

CELL PHONE: ____________________________________

E-MAIL: ____________________________ @ ____________

City  Country  Zip Code

WORK/STUDY:  □ Public  □ Private

PLACE: ____________________________________________________________________________

City  Country  Zip Code

CURRENT LEVEL:

□ 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

□ REGULAR       $25

□ FULL-TIME STUDENT**       $20

□ RETIRED       $20

□ INSTITUTION***       $30

* 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.

PAYMENT:

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

MAIL TO:

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.