

2008 AMTESOL Membership Application

Date _____

Name _____

Institution or Affiliation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Email _____

Position:

_____ K-12 _____ University
_____ Language Institute Other _____

Membership Category:

_____ Student (\$5) _____ Institutional (\$20)
_____ Regular (\$10) _____ Commercial (\$40)
_____ Retired (\$5)

Please indicate any areas in which you would be willing to contribute to AMTESOL:

_____ Programming _____ Newsletter
_____ Membership _____ Advertising
_____ Web Site

**Please send this completed form and payment
(checks payable to AMTESOL) to
Dr. Julia S. Austin
UAB Graduate School/HUC 511
1530 3rd Avenue South
Birmingham, Alabama 35294-1150**

Membership questions may be addressed to Alison Stamps at astamps@aoce.msstate.edu or 662-325-5958.