IFLTA
Indiana Foreign Language Teachers Association

2017-2018 Membership Form

September 1, 2017- August 31, 2018

Member Information:

Name: _____
First Middle Last

School Name:_____

Language(s) Taught: _____Levels: K-5 6-8 9-12 post-sec.

Preferred Mailing Address: Home Work

Street: _____

City: _____State : _____ Zip: _____

Phone: _____ Email: _____

Membership Fees:
Please check one.

_____ Regular Membership $30.00

_____ Retiree Membership $20.00

_____ Student Membership (full-time students only) $15.00

Membership Fee Enclosed: _____

*If you attended the November 2017 IFLTA conference you are automatically a member of IFLTA and do not need to enroll separately. Your conference registration fee includes your annual membership fee.

To register as an IFLTA member please print out this page and return it with your check to:

IFTLA
PO Box 492
Indianapolis, IN 46206