***2022-2023***

***ASSOCIATION OF FOREIGN LANGUAGE TEACHERS OF DADE COUNTY***

***F.L.T.D.C.***

***MEMBERSHIP FORM***

***Employee Id #\_\_\_\_\_\_\_\_\_\_\_\_\_***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

HOME/ MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME/CELL PHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SCHOOL/ BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANGUAGE (CIRCLE ALL THAT APPLY):

FRE GER ITA SPA JPN ESOL LAT HEB GR PORT SUPERVISOR

OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL MEMBERSHIP (FROM OCTOBER 2022-2023) $10.00**

MAKE YOUR CHECK PAYABLE TO: **FLTDC**

**MAIL TO:**

**MARIA SIERRA**

**EXECUTIVE DIRECTOR**

**5035 S.W. 140 CT**

**MIAMI, FL. 33175**

**DO NOT WRITE BELOW** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP PAYMENT \_\_\_\_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_\_\_\_

CHECK # \_\_\_\_\_\_ AMOUNT \_\_\_\_\_\_\_\_ CASH \_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_ DEPOSIT #\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE USE THIS FORM WHEN PAYING FOR MEMBERSHIP ONLY**

**Send check or pay via PayPal link in our website fltdc.org**