



2009 MEMBERSHIP DUES

IMPORTANT: PLEASE READ

1. Dues payment includes the AATSP journal *Hispania* and membership to your local chapter.
2. In order to be eligible to participate in the **2009** National Spanish Exam dues must be received by **January 31, 2009**.
3. Please include all information requested including the school address and an email address.
4. You are invited to include a donation to the AATSP General Fund. Dues and donations are tax deductible.

*Do we have your current contact information? Please update for accurate records.

Name _____

Home Address _____

City _____ State _____ Zip _____

Country _____ Home Phone _____

School/Work _____

Address _____

City _____ State _____ Zip _____

Country _____ Work Phone _____

Email _____

Mailing Preference - where you pick up mail on a regular basis:

Work Address

Home Address

MEMBER INFORMATION

Please indicate the languages that you teach:

Spanish Portuguese

Please indicate the levels(s) that you teach
(Check all that apply)

K - 4 5 - 8 9 - 12

Community College

College/University Graduate School

Other (Please specify) _____

*Life members are exempt from annual dues payments. Regular members for 40 consecutive years are eligible to become life members of AATSP at no cost. Life membership can be purchased for a onetime fee of \$1800.00 or three annual installments of \$600.00.

*Emeritus Members are exempt from dues; *Hispania* fee is \$25.00.

Membership Dues and Contributions for 2009 Calendar Year

1. REGULAR MEMBERSHIP (RENEWALS)	\$65.00	_____
2. NEW MEMBERSHIP (FIRST YEAR MEMBERS ONLY)	\$45.00	_____
3. STUDENT MEMBERSHIP (STUDENT ID REQUIRED)	\$25.00	_____
4. *EMERITUS MEMBER (<i>Hispania</i> fee)	\$25.00	_____
5. *LIFE MEMBERSHIP	\$0	_____
6. DONATION to the AATSP General Fund		_____
TOTAL		_____

Make checks payable to AATSP and mail with this form to: AATSP, 900 Ladd Road, Walled Lake, MI 48390

To pay with a credit card please fill in the information below and send via mail to the above address or fax to 248-960-9570 OR Pay on-line at www.aatsp.org

Credit Card Payment Information: (Visa/MasterCard/Discover)

Amount \$ _____

Credit Card # _____ Expiration Date _____

Name as it appears on Credit Card _____

Signature _____

▪ The AATSP provides mailing lists to the Conference Exhibitors and other organizations and companies that provide services related to the profession. Please check this box if you DO NOT want to be included in these mailing lists.