

加州中文教師協會

Chinese Language Teachers Association of California

Membership Application/Renewal Form

Last Name: _____ First Name: _____ M.I. _____

Chinese Name _____ Title: Mr./Mrs./Miss/Ms/Prof./Dr.

Gender: Male / Female

Work Place/School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail (print clearly): _____
(Please provide your email address for more timely communications.)

Web Site (if any) : _____

Phone: (work) _____ (home) _____

Fax: _____

Membership fee (please check , the appropriate box below):

New Member: Annual \$15, Life \$150

Renewal: (Annual \$15)

Total Enclosed: \$ _____ (check **payable to CLTAC**)

Signature: _____ Date: _____

Please print out this form, fill it out and mail to :

Treasurer, CLTAC, P.O. Box 1428, Monterey, CA 93942

Please allow 2-4 weeks for processing. Note that the current CLTAC policy is not to disclose any personal information.