



American Association of Teachers of French

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New Member Application

Calendar Year 2019 (Jan. 1-Dec. 31) Calendar Year 2018 (Jan. 1-Dec. 31)

Last Name: _____ First Name: _____ Middle Name: _____

Street Address (include school name if using school address): _____

City: _____ State/Province: _____ Zip code + 4: _____ - _____ Country (if not U.S.): _____

Annual Membership Dues (see categories below): \$ _____

Optional Items

- Chapter Dues (see listing on next page) Chapter Name: _____ Dues: +\$ _____
- Member ID Card (+\$1) \$ _____
- Contribution to AATF Fund for the Future +\$ _____
- Foreign/Canadian Residents: If you would like to receive the *National Bulletin* in hard copy, add \$20. +\$ _____
- Contribution to Joint National Committee for Languages +\$ _____
- Print subscription to *Le Français dans le monde* (2019 subscriptions not accepted after June 1, 2019) +\$ _____
- [\$80 Basic Subscription/\$90 Full Subscription]
- Electronic subscription to *Le Français dans le monde* on-line access only: subscribe at [www.fdlm.org]

Total Payment Enclosed =\$ _____

Teaching level (Check one)

1. FLES*
2. Middle School
3. Senior High School
4. Community College
5. College/University
6. Immersion
7. Private tutoring/Adult ed
8. Jr. & Sr. High School
9. Non-teaching/Retired]

Additional contact information (for office use only):

Phone: _____ (Check: H W Cell)

Email: _____ Alternate Email: _____

(If we don't have a current e-mail, you may miss important announcements.)

School/Employer: _____

Note: Checks should be made out to the AATF and payable in U.S.\$ on a U.S. bank.

Dues Categories

Regular Membership	\$55/year
Foreign/Canadian Resident	\$65/year
18-month Fall & Regular	\$75/year (non U.S. resident \$85)
Family Membership	\$82/year (non U.S. resident \$92)
Student Membership	\$27/year (non U.S. resident \$37)

(proof of student status or advisor signature required)

For office use:

DATE: _____

AMT: _____

CHKN: _____ P S MO

FST YR: _____

New members should send this form with their annual membership fee for the calendar year selected above to the AATF. Checks must be payable through a U.S. bank. Payment via credit card is also available:

Please bill my credit card: Security Code: _____

Card Number: _____

Cardholder's name: _____ Exp. Date: _____

Please see the chapter listing on the next page. If you would like to join an AATF chapter, please indicate it above and add the appropriate chapter dues, if any.