



**Foreign Language Council of San Diego
Membership Application Form**

Membership year: January 1 - December 31

Date: _____ Application for membership year: _____

Name: _____

Home Address: _____

Home Telephone: _____

E-mail: _____

School/Organization: _____

Languages Taught: _____

FLCSD - a local affiliate of the California Teacher Language Association - CLTA - grants a ONE TIME free membership to: **students** (no income from teaching) _____ **first year teachers** _____ **interns** _____ **student teachers** _____. Check if title applies.

Membership dues:

FLCSD Regular	\$ 20	_____
FLCSD Emeritus/student	\$ 10	_____
CLTA Regular	\$ 50	_____
CLTA Emeritus/Student	\$ 40	_____

Enclosed is my check made payable to FLCSD for \$ _____

Please fill in the amounts above and mail the check with this form to:

I need an e-receipt:

____ Yes ____ No

**Angela Shaw
FLCSD Treasurer
7878 Highwood Ave.
La Mesa, CA 91941**