



# Hawai'i Association of Language Teachers

## MEMBERSHIP FORM

### 1) CONTACT INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

*As a HALT member, you will be included on the HALT listserv and receive announcements about upcoming events, professional development opportunities, and so forth, so be sure to include your email address above.*

### 2) PROFESSIONAL INFORMATION

School/Institution: \_\_\_\_\_

Language(s) you teach: \_\_\_\_\_

### 3) ANNUAL MEMBERSHIP DUES

*Please mark your membership choice with an "X", fill in the appropriate academic year (e.g., 2009-10) if applicable, and complete any remaining information.*

Lifetime membership (\$100)

Professional membership (\$15) for Academic Year \_\_\_\_\_ – \_\_\_\_\_

Student membership (\$5) for Academic Year \_\_\_\_\_ – \_\_\_\_\_

Amount enclosed is \$ \_\_\_\_\_ (Make check payable to "HALT")

Is this a renewal?  Yes  No  First time member

Please mail this form and your check to:

**HALT  
P.O. Box 61903  
Honolulu, HI 96839-1903**