



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 and notify us if it changes at any point.

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 calendar year (e.g., 2014) if applicable, and complete any remaining information.

___ Lifetime membership (\$125)

___ Professional membership (\$25) for Calendar Year _____

___ Student membership (\$5) for Calendar 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**

Office use only: Date received: _____

Amount paid: \$ _____ Cash: _____ Check #: _____