



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., 2023) 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 #: _____