



LONG ISLAND LANGUAGE TEACHERS, INC. – MEMBERSHIP APPLICATION

PLEASE PRINT VERY CAREFULLY

TODAY'S DATE _____

Last Name _____ **New**, First Name _____

Former Last Name _____

Home Address _____ **New**

City _____ State _____ Zip _____

Home Phone () _____ **New**, Home Fax () _____ **New**

Home E-Mail _____ **New**, Work E-Mail _____ **New**

School Name/District _____ **New**

School Address _____ **New**, State _____ Zip _____

School Phone () _____ **New**, School Fax () _____ **New**

Languages and levels you teach (Please don't omit.) _____

- Dues (check one): \$20 Individual \$25 Joint (Husband & Wife) \$10 Full Time Student \$10 Emeritus
- I am a **NEW** LILT member. I am **RENEWING** my LILT membership.
- I am interested in being a **JUDGE** for the LILT Student Foreign Language Competition.

Make your check PAYABLE TO LILT and mail to: Ron Taub, 16 Radford Road, Lake Grove, NY 11755

✂-----✂-----✂ CUT HERE AND SEND IN THE TOP HALF ONLY -----✂