ALTA MEMBERSHIP FORM

Please Print:

Last Name First Name Middle Initial

Home Street Address City State Zip Phone:

Fax:

Name of Institution Email Address:

School/Work Street Address City State Zip Phone:

Fax:

All ALTA materials should be mailed to:

CHECK ONE: ___my home address

___ my work/school address

The above information is: (Check if Applicable)

___ a new home address

___ a new change

Please check the appropriate spaces below:

LANGUAGE(S) TAUGHT:

POSITION:

___Teacher
___ Administrator
___Department/Chairperson
___Supervisor/Coordinator
___Other: _____

LEVEL:

___Elementary
___Middle/Junior
___High School
___College/University
___Other: _____

(_) Check one

MEMBERSHIP DUES:

___ $40.00 Institutional Membership
___ $20.00 Regular Member
___ $10.00 Retired Member
___ $10.00 Student Member

MAKE CHECKS PAYABLE TO: ALTA (Your canceled check is your receipt)

Return Completed Form and Check Directly to:

For information call: (608) 265-7905
Email: ayschlei@facstaff.wisc.edu

Antonia Folarin Schleicher,
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c/o National African Language Resource Center
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455 North Park Street
Madison, WI 53706

For Office Use Only

Type of Membership:	Amount Paid:	Check Number:	Date Received: