



## Membership Application Form

Circle the Appropriate Title: Dr. Miss Mr. Mrs. Ms.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Language(s) You Teach \_\_\_\_\_

Name of School \_\_\_\_\_

County/ School System \_\_\_\_\_

Teacher \_\_\_\_\_ Supervisor \_\_\_\_\_ Specialist/Other \_\_\_\_\_

<b>Please Check:</b>	<b>Dues:</b>
<input type="checkbox"/> Elementary	<input type="checkbox"/> Regular \$20.00
<input type="checkbox"/> Jr./Middle	<input type="checkbox"/> Student \$10.00 (with copy of valid ID)
<input type="checkbox"/> 2 Yr. College	<input type="checkbox"/> Retired \$10.00
<input type="checkbox"/> Sr./High	<input type="checkbox"/> First Time Member Free (limited to 1 year)
<input type="checkbox"/> 4 Yr. College	

Please Check the name(s) of the Committee(s) on which you would like to serve:

Awards  Fall Conference  Poster Contest  Membership

Spring Conference  Public Relations  Nominating  Archives

Make Check Payable to MFLA and Mail it to:

**Kimberly Shinozaki, Treasurer**  
2494 McKenzie Rd.  
Ellicott City, MD 21042