



Louisiana Foreign Language Teachers' Association Special Conference Membership

ACTFL/LFLTA 2018
New Orleans, Louisiana

Please Print

Name:						
Mailing Address:						
City, State, ZIP:					Parish:	
Home Phone:		Work Phone:		Cell Phone:		
Fax Number:			Email:			
School/Institution:						
What is your current job title?						
Language(s) you teach:						
Check Level(s) you teach: ✓		Elem. School	Middle School	High School	University	Other
Do you teach in an Immersion Program?		Yes	No	If so, what level?		
Fee for Membership Only: all fees non-refundable, no exceptions						
Fee	Description				Amount	
\$25	Membership Only (I wish to receive newsletter and be on Email mailing list and receive Member benefits.)				\$	

Make checks payable to: LFLTA

Mail check to:

Sarah Young

LFLTA Treasurer

PO Box 9262

Monroe, LA 71211

Please make confirmation inquiries to:

lfltaboard.treasurer@gmail.com