

# 2018 MEMBERSHIP DUES



**Membership Period: January 1<sup>st</sup> – December 31<sup>st</sup>, 2018**

For more membership information, please email [AATSPoffice@aatsp.org](mailto:AATSPoffice@aatsp.org), call 248-960-2180 or visit [www.aatsp.org](http://www.aatsp.org)

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Title (Dr./Mr./Ms.) First Middle Last Gender: M \_\_\_\_\_ F \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ School/Institution Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Phone \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Please set your work/personal computer filters to allow for @AATSP.org emails  
 Mailing Preference: where you receive mail year-round  Home Address  Work Address  Check One

**MEMBER INFORMATION**

What **position** do you hold:  Student  Faculty  Administration  
 Are you a current **methods instructor** in a University?  Yes  No  
 Check the boxes of the program(s) you **administer/sponsor**: NSE  SHH  SHA   
 What **language(s)** do you teach:  Spanish  Portuguese  Both  
 Your primary teaching **level** – **Check only one**  
 Pre-Kindergarten  Elementary (K-5)  Middle/Junior High  
 High School  2 Year College  4 Year College/University  
 Administration

**PAYMENT OPTIONS**

- **Credit card** - mail this form to the address below or fax to: 248-960-9570
- **Checks** made payable to AATSP and mailed with this form to the National Office:  
**AATSP**  
**900 Ladd Road**  
**Walled Lake, MI 48390**
- Once payment is processed, refunds will not be granted.

The AATSP provides mailing lists to conference exhibitors, other organizations and companies that provide services related to the profession. Please check this box if you **DO NOT** want to be included in these mailing lists.

**Membership Dues and Contributions for 2018 Calendar Year**

1. <b>HISPANIA:</b> Please choose how would you like to <b>receive Hispania</b> . (Published Quarterly) <input type="checkbox"/> Electronic version online ( <b>no charge</b> ) <input type="checkbox"/> Print version ( <b>\$10</b> )	\$10.00	_____
2. <b>NEW FIRST-YEAR MEMBERSHIP</b> (Have <u>never</u> been a member of the association)	\$45.00	_____
3. <b>RENEWAL FOR REGULAR MEMBERSHIP</b>	\$65.00	_____
4. <b>STUDENT MEMBERSHIP</b> (PHOTOCOPY OF TRANSCRIPT, CLASS REGISTRATION OR <b>DATED</b> STUDENT ID) A Student Membership cannot exceed three consecutive years. For <b>Graduate Department Membership</b> , please visit the AATSP website for information and registering graduate students.	\$25.00	_____
5. <b>JOINT MEMBERSHIP</b> Two individuals living at the same <u>residential address</u> .	\$100.00	_____
6. <b>EMERITUS MEMBERSHIP</b> is available to any retired member who has paid dues for at least thirty years. Emeritus Members are exempt from annual dues and receive the digital version of <i>Hispania</i> . The print version of <i>Hispania</i> is available for an annual fee of <b>\$10.00 for Emeritus Members</b> .	\$10.00	\$0 _____
7. <b>LIFE MEMBERSHIP</b> is available to any regular member who has paid dues for at least forty years. Life Members are exempt from annual dues and receive most member benefits at no charge including the digital version of <i>Hispania</i> .		\$0 _____
8. <b>DONATION</b> to the AATSP General Fund (optional)		_____
<b>TOTAL [INCLUDING HISPANIA SELECTION in US dollars]</b>		_____

**Credit Card Payment Information:** (Visa/MasterCard) Amount \$ \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name as it appears on Credit Card \_\_\_\_\_  
 Signature \_\_\_\_\_

**OFFICE USE ONLY:** Rec. \_\_\_\_\_ Ck. # \_\_\_\_\_ Ck. Amt. \$ \_\_\_\_\_ Proc. Date \_\_\_\_\_ Init. \_\_\_\_\_