



2019 MEMBERSHIP DUES

Membership Period: January 1st–December 31st, 2019

For more membership information, please email AATSPoffice@aatsp.org, call 205-506-0600 or visit www.aatsp.org

Name _____ Date of Birth: _____
Title(Dr./Mr./Ms.) First Middle Last

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 - call 219-465-2100 or fax this form to 219-465-2116

Checks made payable to AATSP and mailed with this form to the Branch Office:
AATSP
160 Rail Road Suite 3
Chesterton, IN 46304

Once payment is processed, refunds will not be granted.

I give permission to the AATSP to share my contact information with conference exhibitors and other organizations and companies that provide services related to our profession. Check one: Yes No

I give permission to the AATSP to contact me regarding AATSP news, programs and services for members. Check one: Yes No

Membership Dues and Contributions for 2019 Calendar Year

1. **HISPANIA**: Please choose how would you like to **receive Hispania**. (Published Quarterly)
 Electronic version online (**no charge**) Print version (**\$10**) \$10.00 _____
2. **NEW FIRST-YEAR MEMBERSHIP** (Have never been a member of the association) \$45.00 _____
3. **RENEWAL FOR REGULAR MEMBERSHIP** \$65.00 _____
4. **STUDENT MEMBERSHIP** (PHOTOCOPY OF TRANSCRIPT, CLASS REGISTRATION OR DATED STUDENT ID). \$25.00 _____
A Student Membership cannot exceed three consecutive years. For **Graduate Department Membership**, please visit the AATSP website for information and registering graduate students.
5. **JOINT MEMBERSHIP** Two individuals living at the same residential address. \$100.00 _____
6. **EMERITUS MEMBERSHIP** 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 *Hispania*. \$0 _____
7. **LIFE MEMBERSHIP** 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 *Hispania*. \$0 _____
8. **DONATION** to the AATSP General Fund (optional) _____

TOTAL MEMBERSHIP DUES AND CONTRIBUTIONS

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. _____