



AATSP

American Association of Teachers
of Spanish & Portuguese • Est. 1917

2027 MEMBERSHIP DUES

Membership Period: January 1–December 31, 2027

2027 Membership Dues are valid from August 1, 2026–December 31, 2027.
For more information, please contact AATSPoffice@aatsp.org, call 1 (219) 295-1491, 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			Alternate Email		
Mailing Preference: ☐ Home Address ☐ Work Address					
Please adjust your email settings to allow for @AATSP.org.					

MEMBER INFORMATION

What position do you hold: Full-time Student ☐ Faculty ☐ Administration ☐ Retired ☐ Other ☐

Are you a current language methodology instructor? Yes ☐ No ☐

Do you teach in a Dual Language Program? Yes ☐ No ☐

Check the boxes of the program(s) you **administer/sponsor**: AATSP ☐ NPE ☐ NSA ☐ NSC ☐ NSE ☐ SHA ☐ SHH ☐

What languages do you teach? Spanish ☐ Portuguese ☐ Both Spa/Port ☐ ☐ Other

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 ☐	Other ☐	

Your secondary teaching **level – Check only one**

Pre-Kindergarten ☐	Elementary (K-5) ☐	Middle/Junior High ☐
High School ☐	2-Year College ☐	4-Year College/University ☐
Administration ☐	Other ☐	

AATSP Chapters

Included with your AATSP membership is the bonus of participating in state/local AATSP chapters that promote professional development and member engagement. Choose your preferred chapter. To learn more, visit www.aatsp.org/aatspchapters. If you are unsure, contact us.

Chapter preference:

I give permission to the AATSP to contact me regarding AATSP news, programs, elections, and services for members.

Check one: ☐ Yes ☐ No

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

PAYMENT OPTIONS

Credit card: call 1 (219) 295-1491. **Checks:** made payable to AATSP, mailed with form to: **AATSP National Office, 160 Rail Road - Suite 3 Chesterton, IN 46304**

Once payment is processed, refunds will not be granted.

Save time and postage by signing into your membership profile at aatsp.org and securely pay by credit card.

Membership Dues and Contributions for 2027 Calendar Year

1. **HISPANIA:** Please choose how would you like to access Hispania. (Published Quarterly) \$35.00 ☐
- Digital version online (**no charge**) Print version (**\$35**)
2. **MEMBERSHIP: SELECT ONE**
- a. **NEW FIRST-YEAR MEMBERSHIP** (Have never been a member of the association) \$45.00 ☐
- b. **REGULAR MEMBERSHIP RENEWAL** \$65.00 ☐
- c. **FULL-TIME STUDENT MEMBERSHIP** (PHOTOCOPY OF TRANSCRIPT, CLASS REGISTRATION OR DATED STUDENT ID). A student membership cannot exceed three consecutive years. For **Graduate Department Membership**, please visit the AATSP website for information and registering graduate students. \$25.00 ☐
- d. **JOINT MEMBERSHIP** Two individuals living at the same residential address. \$100.00 ☐
- e. **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 can access the digital version of *Hispania*. \$0.00 ☐
- f. **LIFE MEMBERSHIP** is available to any retired 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*. \$0.00 ☐

3. DONATION to the

- a. 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.