Puerto Rico TESOL
Teachers of English to Speakers of Other Languages
website: puertoricotesol.org email: info@puertoricotesol.org

MEMBERSHIP FORM

☐ **NEW** ☐ **RENEWAL**

NAME: _____ Member ID # _____
Last (Names) First Middle Initial

MAILING _____
ADDRESS _____
_____
City Country Zip Code

HOME PHONE: _____
CELL PHONE: _____
E-MAIL: _____@_____

WORK/STUDY: ☐ Public ☐ Private

PLACE: _____
_____
_____
City Country Zip Code

TELEPHONE(S): _____
FAX: _____

CURRENT LEVEL:

_____ Elementary
_____ Secondary
_____ Higher Education
_____ Administration
_____ Student
_____ Other (please specify)
_____

MEMBERSHIP FEES (Please check the rate that applies to you.) ~ ONE YEAR

☐ REGULAR	$25
☐ FULL TIME STUDENT*	$20
☐ RETIRED	$20
☐ INSTITUTION**	$30

* Rate for full-time student only, undergraduate 12 credits or more, graduate 6 credits or more. A copy of the present class program is required with membership form.

** This fee entitles institutions to mailings only.

CHAPTER:

_____ CAGUAS
_____ EASTERN
_____ METRO
_____ NORTHERN
_____ SOUTHERN
_____ WESTERN

PAYMENT:

_____ CHECK
_____ MONEY ORDER
_____ CASH (Please, no cash through the mail.)

Referred by _____

MAIL TO:
MEMBERSHIP SECRETARY
PUERTO RICO TESOL
P. O. BOX 366828
SAN JUAN, PR 00936-6828

* A $10.00 fee will be charged for each returned check.

PLEASE DO NOT FILL OUT
Membership Card Date Sent:
_____
Check No. _____
Date: _____
Banking Institution: _____

Revised form 2011/jm