

**FOR OFFICE USE ONLY**

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**Illinois Teachers of English to Speakers of Other Languages/Bilingual Education
MEMBERSHIP APPLICATION**

Please visit us at: www.itbe.org

CHECK ONE (X):	
____ NEW	____ RENEWAL
DATE ____/____/____	
PLEASE PRINT OR TYPE:	
Name: _____	Employer(s): _____
Mailing Address _____	Home Phone () _____
City _____	Work Phone () _____
State _____ Zip _____	Fax () _____
	E-Mail Address _____
Check if change of: <input type="checkbox"/> Name <input type="checkbox"/> Address	
1 YEAR MEMBERSHIP	2 YEAR MEMBERSHIP
<input type="checkbox"/> Regular \$35.00	<input type="checkbox"/> Regular \$ 60.00
<input type="checkbox"/> Student* \$20.00	
<input type="checkbox"/> Joint** \$60.00	
<small>*Student membership applications must be accompanied by verification of full-time enrollment (e.g., current semester registration). **Family members residing at the same address may apply at the joint membership rate.</small>	
Membership in Illinois TESOL/BE is separate from membership in TESOL.	
Check if you DO NOT want your name published in our state directory: ____	
I would like to receive the ITBE newsletter by (check <u>one</u>): ____mail ____e-mail	
I am member of:	<input type="checkbox"/> IEA/NEA <input type="checkbox"/> IFT/AFT <input type="checkbox"/> NABE <input type="checkbox"/> IACEA <input type="checkbox"/> TESOL
I work primarily in:	<input type="checkbox"/> Adult Education <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Higher Education
I am interested in working on the following committee(s):	
<input type="checkbox"/> Convention	<input type="checkbox"/> Membership
<input type="checkbox"/> Scholarship/Awards	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Technology	<input type="checkbox"/> Publicity
<input type="checkbox"/> Professional Concerns	<input type="checkbox"/> Exhibits and Advertising
<input type="checkbox"/> Program	<input type="checkbox"/> Part-Time Issues
<input type="checkbox"/> Nominations	

Mail a check and this form to:

**Executive Secretary
Illinois TESOL/BE
PMB 232
8926 North Greenwood Avenue
Niles, IL 60714-5163**

**Purchase orders and credit cards cannot be accepted. Make checks payable to Illinois TESOL/BE.
Illinois TESOL/BE will assess a fee of \$50 on all returned checks.**