New York State Teachers of English to Speakers of Other Languages
Membership Form

Renewal:____ New Member:____

First Name: _____

Last Name: _____

Street Address: _____

City & State: _____

ZIP Code: _____

Email: _____
(required to receive online newsletter)

Telephone: ( ) _____

___ Please sign me up for the NYS TESOL E-list.

Please omit my name from mailing lists provided to other organizations. _____

Membership Category
(Check one. ***NOTE two-year discounts!***)

Individual: $40.00/yr. ____ $70.00/**2 yrs. ___**

PT instr./adjunct: $35.00/yr. ____ $60.00/**2 yrs. ___**

Aide, Teacher Assistant, Para-professional, Retiree ($20/year) _____ Please **circle** your category.

Student ($20/year) _____*** (complete reference below)

*****Verification of Student Status**
Students are required to provide verification of minimum half-time study. Please complete the information requested below OR submit a copy of your current semester transcript. Student discount is limited to 3 years.

Faculty Member Reference:

Name: _____

Signature: _____

Title: _____

Institution: _____

Phone: _____

Email_____

Special Interest Groups (SIGs): Please rank your top 2 priorities from the organized interest groups listed below by marking a "1" and a "2" next to your top choices.

_____	**A**	**ESL in Adult Education**
_____	**B**	**ESL in Bilingual Education**
_____	**E**	**ESL in Elementary Education**
_____	**S**	**ESL in Secondary Education**
_____	**H**	**ESL in Higher Education**
_____	**SE**	**ESL Special Education**
_____	**TE**	**ESL Teacher Education**
_____	**L**	**Applied Linguistics**
_____	**T**	**Teaching English Abroad**

1st Choice SIG. This is your primary interest group with NYS TESOL. You may hold office and vote in this SIG.

2nd Choice SIG. You may receive information from this SIG.

Region (check one)

_____Buffalo **_____Long Island**

_____Capital District **_____New York City**

_____Hudson Valley **_____Rochester/Syracuse**

Payment Information:

____ Check payable to NYS TESOL

_____ VISA or ____ MasterCard

Card no.:_____

Exp. date:_____

Signature: _____

MAIL TO: NYS TESOL
Teacher's College, Box 185
525 W. 120th Street
New York, NY 10027

Office Use Only:

Membership: _____ N ____ R ____

Check Number: _____ Date: _____ **New Expiration Date: _____**

NB: Membership in NYS TESOL does not include membership in TESOL, the international organization of which we are an affiliate. Likewise, TESOL membership does not include NYS TESOL membership.