



SOUTHWEST CONFERENCE ON LANGUAGE TEACHING

**Membership Form January 2010 – December 2010**

Print this form and send it with your check to:

Jody Klopp, SWCOLT Executive Director; 713 Rock Hollow Road, Edmond, OK 73034

**Please Print**

Name: Dr./Mr./Mrs./Ms. \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you interested in serving on a committee? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Institution/Affiliation Name \_\_\_\_\_

Languages that you teach/supervise: \_\_\_\_\_

Levels that you teach/supervise: \_\_\_\_\_

**Regular Membership \$50**

- receive newsletters and mailings
- have voting privileges
- receive a conference registration discount
- receive an invitation to the members' reception at the Annual Business Meeting
- are eligible to be elected to SWCOLT Board of Directors
- may be involved in conference planning and evaluation

**Retired Educator/Student Membership \$25**

- receive same benefits as regular membership
- the student membership is limited to 4 years; professor's signature required

**Patron Membership (for organizations, companies, universities) \$100**

- receive newsletters and mailings
- voting privileges
- have voting privileges
- receive 2 conference registration discounts
- receive 2 invitations to the Annual Business Meeting

I am a \_\_\_\_\_ new member \_\_\_\_\_ renewing member

I would like to pay with a credit card: Visa MasterCard Discover American Express

Account # \_\_\_\_\_

Expiration date: \_\_\_\_\_

I am enclosing a check for \$ \_\_\_\_\_