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| ***TasTESOL Membership Form 2018******Tasmanian Association of TESOL Teachers***[***w~~ww.tastesol.org.a~~u***](http://www.tastesol.org.au) ***(- website not currently accessible)*** |

Membership of TasTESOL, a non-profit organisation, is open to all EAL/D (ESL) teaching and administration practitioners, and to anyone interested in intercultural issues, language and literacy.

Your membership fee to TasTESOL entitles you to:

* *Discounted professional learning for teachers at our Forums and Annual Conference*
* *E-bulletins from the Australian Council of TESOL Associations (ACTA) and TasTESOL concerning TESOL-related events and issues, interesting resources and articles, and the work of your committee*
* *Reduced registration rates for the international ACTA conferences (held every 2 years)*
* *Free access to ACTA’s journal ‘TESOL in Context’ at http://tesolincontext.com.au*

**The membership year is 1st Jan to 31st Dec and fees are due on 1st Nov of the preceding year.**

**To apply for or renew membership**:

 Complete thisform and send it to us with a cheque, money order or internet deposit details.

 EITHER post a hardcopy to ***TasTESOL Treasurer, PO Box 146, Battery Point, Tas. 7004***

 OR scan and email it to **contact.tastesol@gmail.com**

**Note 1:** Your personal information will be used only for the purposes of notifying you of promotions, services and events unless you advise us not to do so. It will not be disclosed to a third party without your permission.

**Note 2:** We may take photos during a forum or at the conference for further TasTESOL publicity.

❒ 🡨Mark this box if you do *NOT* want your picture used for further TasTESOL publicity.

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact phone(s): (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current workplace(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sector: **❒** Adult **❒** Secondary **❒** Primary **❒** Other: ………………………………………

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am paying (tick applicable boxes):

 **❒ $60** Annual membership ***OR* ❒ $45** Full-time student

Provide student ID number & course name: …………………….

 **❒ $50 per person – Institution rate** for annual membership **\***

 **\* Institution rate**: Any single school or institution seeking membership for **4 or more** teachers (or other related practitioners) is eligible for an ‘institution rate’ of **$50 per person**. Please add details of the institution/school and authorising person (e.g. Principal) and attach a separate list of names of the relevant staff who wish to become members. A **single** **payment** for all joining teachers **must come from the institution**, not individual teachers, and a single receipt will be issued to the institution.

 **❒ $35 conference fee**

 **Total paid $** .............

 ❑ **Cash** (only if paid in person) ❑ **Cheque** or **money order** (enclosed or attached)

 ❑ **Internet banking direct deposit** TasTESOL’s bank details are BSB: 067 002 Account: 280 060 86

 Please 1) put your **full name** in the description box.

 2) email your full name, date paid and amount to **contact.tastesol@gmail.com**

 3) send this **completed form** to our email or postal address.