



**FLORIDA FOREIGN LANGUAGE ASSOCIATION, INC.
ANNUAL MEMBERSHIP FORM
2007-2008**

Name: _____
(first) (middle) (last)

Home mailing address: _____

City: _____ state: _____ ZIP: _____ county: _____

Home phone: _____ fax: _____

Email: _____

Name of school/business: _____

Address: _____

City: _____ state: _____ ZIP: _____

Business phone: _____ fax: _____

County: _____ region #: _____ (please refer to region map)

Language (circle as many as may apply):

FRE GER ITA RUS SPA JPN ESOL LAT ASL supervisor other _____

Instructional level

elementary

middle school

high school

post-secondary

Dues

Regular membership \$20.00

Full-time student \$ 10.00

If student, name of institution you attend: _____

Make checks payable to: FFLA, Inc.

Mail your completed application, with your check, to:

Linda Santiago
FFLA executive director
5141 87th Avenue North
Pinellas Park, Florida 33782

Do not write below this line.

Membership payment: _____ conference registration: _____

Late payment: _____ total payment: _____

Check # _____ amount _____ cash _____ date _____

Deposit # _____ bank: _____