## **TESOL Membership Application**

ONLINE: For fastest processing, join online at www.tesol.org/join BY PHONE: +1 703.518.2501 (888.891.0041 toll-free in the United States and Canada)

1. Profile Information	2. Membership Dues				
(*Required fields. Please print clearly.)	All p	orices are in U.S. dollars. Membershept at the time of renewal.	ip categories co	innot be changed	
Female $\square$ Male $\square$ Non-Binary $\square$ Transgender $\square$ Other $\square$		MBERSHIP LEVEL	1 Year	2 Years	
*Birth Date: Day Month Year	MIL	Professional Member	\$105	\$180 (Save 15%)	
Mr Ms Mrs Dr Mx		Professional Member with an annual income of US \$25,000 or less	\$65	\$111 (Save 15%)	
*First (Given) Name M.I		New Professional	\$63	\$110 (Save 15%)	
*Last (Family) Name		For teachers who have been teaching less than 3 years. If you have been			
*Mailing Address: This is your: Home Address $\square$ Work Address $\square$	teaching for 3 or more years, please of		se Professional Me		
*Address Line 1		For residents of countries with a gross na		\$60 (Save 15%)	
Address Line 2		than US\$15,000, as determined by the United Nations. To learn if your country is eligible, go to www.tesol.org/join. This category carries full membership rights			
*City *State/Province		and privileges.  Retired Professional	\$60	\$102 (Save 15%)	
*Zip/Postal Code *Country		For retired professionals who have been TE	,	, ,	
Employer/Institution Name:		Student Member	\$35	\$60 (Save 15%)	
City, State/Province		For students who are at least half time at a degree-granting institution. Student members must verify enrollment with either a note from an academic advisor or a copy of a valid student ID. After 6 years as a Student Member, you will be automatically converted to a New Professional.			
Country					
TELEPHONE AND E-MAIL	SU	IBTOTAL Dues:\$			
Please provide country and city codes for non-U.S. phone numbers.		-			
Office:	3.	<b>Member Subscription</b>	S		
Tel. Country Code Phone Number ext	TES	SOL Quarterly, scholarly journal	•	1 Year	
Home:  Tel. Country Code Phone Number ext		Individual Member:		\$67	
Fax:		Global Professional		\$37	
Tel. Country Code Phone Number ext		Retired Professional		\$47	
Preferred E-mail:		Lower Income Professional,		\$27	
Alternate E-mail:	CI	Student Member, or New Professional		42.	
Did someone refer you to TESOL? Yes ☐ No ☐	30	IBTOTAL Subscriptions: \$			
Print name of referrer:		TOTAL DUE:	\$		
4. Payment					
Membership payment policies can be found at www.tesol.org/payment.	CRI	EDIT CARD: Specify: VISA MC[	□ AMEX □		
Please allow 1-2 weeks for processing of application if mailed or faxed.  Mail completed form with payment information to TESOL, 1925 Ballenger Ave.,  Suite 550, Alexandria, VA 22314 USA or fax to +1 703-691-5327		Cardholder's Name			
		Credit Card #			
		Exp. Date Security Code			
TOTAL SENT: US \$ (Send amount equal to TOTAL DUE)		(Security code: VISA/MC-last 3 digits on reverse of card. AMEX 4 digits above card number on front).			
CHECK OR MONEY ORDER:		Daytime Phone # (Required)			
Personal Corporate Check Money Order C	Card	Cardholder's Signature WIRE TRANSFERS: For instructions, contact members@tesol.org			
Check # for US \$	WII				

