

**Chinese Language Teachers Association of California**

**Membership Application / Renewal Form**

\*PLEASE PRINT

Last Name:

First Name:

M.I.

Chinese Name:

Title: Mr./Mrs./Miss/Ms./Prof./Dr.

Gender: Male / Female

Work Place / School:

Mailing Address:

City:

State:

Zip:

E-mail:

(Please provide an e-mail address that can best reach you)

Website (if any):

Phone: ( )

Fax: ( )

Membership fee (please check‚ the appropriate box below):

New Member: □ Annual $20, □ Life $200 Renewal: □ (Annual $20) Total Enclosed: $ (check **payable to CLTAC**)

Signature:

Date: Please print out this form, fill it out and mail to:

**Treasurer, CLTAC, P.O. Box 5661, Monterey, CA 93944**

Please allow 2-4 weeks for processing. Note that the current CLTAC policy is not to disclose any personal information.