



Membership Form

Membership Year: July 1st - June 30th

Name _____

Institution/Organization _____ U.S.D. # _____

Home Address _____

Work Address _____

City, State, ZIP _____

City, State, ZIP _____

E-mail Address _____

(_____) _____
Work Phone

(_____) _____
Home Phone

(_____) _____
FAX

Language(s) _____ Level(s) _____

Send mailings to (check **only one**):

Home address Work address

Post my e-mail address on KSWLA Website:

Yes No

KSWLA needs involved members!

Please indicate below if you would be willing to serve the organization in some capacity.

_____ Secretary or Treasurer (2 yr. term)

_____ Vice President/President/Past Pres.
(a 3 yr. term)

_____ Committees (Awards / Conference)

_____ Conference session or workshop:

_____ Bulletin article about:

Suggestions:

I am enclosing:

Regular membership \$25.00

Student membership \$12.50

Retired membership \$12.50

I wish to contribute to the following special funds:

“Nurture a Newbie” \$25.00
(New Teachers program)

**Ermal Garinger
Scholarship** _____

TOTAL \$ _____

Send this form with payment (make checks payable to **KSWLA**) or **PO # to:**

KSWLA Executive Secretary
PO Box 35
Bushton, KS 67427-0035

E-mail: acardwell@kswla.org