

WITESOL Membership Application/Renewal
 Membership must be renewed 1 (or 2) year(s) from the month of enrollment.
PLEASE PRINT CLEARLY!

Name: _____

Address: _____

City: State: Zip: _____

Affiliation (School, Company): _____

Preferred Phone: _____

Email: _____

Please indicate the level of teaching where you spend the majority of your time:

- _____ Early Childhood (Pre-K)
- _____ Elementary (K-5)
- _____ Secondary (Gr. 6-12)
- _____ Adult Education
- _____ Higher Education ESL
- _____ Higher Education – preparing teachers
- _____ Administration
- _____ Student
- _____ Other _____

Membership Category	Amount
Employed full-time	\$30.00 for 1 year \$55.00 for 2 years
Employed part-time Or Student (at least half time)	\$15.00 for 1 year only
Group membership (5 or more people, 1 affiliation)	\$25.00 per person for 1 year only

Please make check payable to WITESOL and mail to:

Sheryl Slocum
 Alverno College
 P.O. Box 343922
 Milwaukee, WI 53234-3922
sheryl.slocum@alverno.edu