

ASLTA
Affiliation Application Form

Name of Proposed ASLTA Chapter: _____

Contact Person: _____
(Position)

(Street Address)

(City/Town) (State) (Zip Code)

(Home telephone) (Office telephone)

(Home Fax) (Office Fax)

(Home email) (Office email)

Checklist:

1. A \$100.00 check/money order, payable to: National ASLTA
2. A copy of your organization's proposed bylaws.
3. A list of your organization's members.
4. A list of your organization's officers and whether or not they are national ASLTA members (the chapter president must be a national ASLTA member.)

Send all materials, including this form, and your check/money order to:

Patricia G. Beech, Chair
Chapter Affiliation/Bylaws
American Sign Language Teachers Association
5806 Heming Avenue
Springfield, VA 22151-2716

(The Chapter Affiliation/Bylaws Chair's email address is: chapter@aslta.org for any questions you may have.)