National Association for Bilingual Education
MEMBERSHIP APPLICATION

Membership Type (check one only)
If renewing a current membership, please enter membership # here: _____

- ❑ **Individual Membership** $60
- ❑ **College/University Student Membership** $30
  MUST NOT be a professional educator and MUST be enrolled as a student. A copy of an official college or university document showing current enrollment status must accompany the NABE membership application.
- ❑ **Paraprofessional Membership** $30
  MUST be working as an instructional aide in a public school system. A letter on school stationery from the supervising teacher or a school administrator must accompany the NABE membership application.
- ❑ **Parent Membership** $30
  MUST NOT be a professional educator and MUST have a child currently enrolled in a bilingual education/ESL program. A letter written on school stationery from either the teacher or a school administrator must accompany the NABE membership application.
- ❑ **Discounted Membership for State Affiliate Members** $55 State Affiliate Name: _____
- ❑ **Institutional Membership** $125
- ❑ **Lifetime Membership** $500 through December 2011, $1000 after December 2011

Memberships are valid for one year from the date of processing. ● Institutional membership is non voting; all other memberships are voting. ● Memberships are nontransferable. Membership dues are nonrefundable.

Name & Address Information (please print clearly)

❑ Mr. ❑ Mrs.
❑ Ms. ❑ Dr. _____
Last First Middle

Preferred Mailing Address: ❑ Business ❑ Home

Business Address:
Position: _____
Division: _____
Organization: _____
Parent Organization / School District: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Business Phone: (_____)_____ Ext. _____
Fax: (_____)_____ Email: _____

Home Address::
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____)_____ Cell: _____
Email: _____

Tell us about yourself

I am involved with bilingual education as (check one):
- ❑ Administrator
- ❑ College Instructor
- ❑ Consultant
- ❑ Full-Time Student
- ❑ Paraprofessional
- ❑ Parent/Community Member
- ❑ Publisher Staff
- ❑ School Board Member
- ❑ Teacher
- ❑ Other: _____

I work in this type of organization (check one):
- ❑ Commercial Organization
- ❑ College/University
- ❑ Local School
- ❑ State Education Agency
- ❑ Other: _____

I usually work with this level of student (check one):
- ❑ Early Childhood
- ❑ Elementary
- ❑ Secondary
- ❑ Higher Education
- ❑ Adult

I want to participate in the following Special Interest Group (check one):
- ❑ Asian & Pacific Islanders
- ❑ Critical Pedagogy
- ❑ Dual Language Immersion
- ❑ Early Childhood Education
- ❑ Elementary Education
- ❑ ESL in Bilingual Education
- ❑ Gifted Education
- ❑ Indigenous Bilingual Education
- ❑ Instructional Technology
- ❑ Language Policy
- ❑ Para-Educator
- ❑ Parent & Community
- ❑ Policy Makers
- ❑ Research & Evaluation
- ❑ Secondary Education
- ❑ Special Education
- ❑ World Languages & Cultures
- ❑ Newcomers/Recent Immigrants

Calculate Total

Membership dues $ _____

Contribution to help NABE promote quality Bilingual education Programs $ _____

TOTAL DUE $ _____

Payment Information

❑ Check/money order # _____ ❑ Institutional P.O. # _____
❑ MasterCard ❑ VISA ❑ Discover ❑ American Express
Card Number: _____ Expiration Date: _____/_____

SIGNATURE: _____ DATE: _____/_____/_____

Become a member through www.nabe.org or fax this form to (240)450-3799 or mail this form to NABE, 8701 Georgia Avenue, Suite 611, Silver Spring, MD 20910