



# 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 on a FULL-TIME basis. A copy of an official college or university document showing current enrollment status and a copy of your school photo ID (back and front) 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 this membership application.
- Discounted Membership for State Affiliate Members** \$55 State Affiliate Name: \_\_\_\_\_
- Institutional Membership** \$125
- Lifetime Membership** \$1000

Memberships are valid for one year from the date of processing, and include a one-year subscription to *Language Learner* (except lifetime: valid for life of member and includes lifetime subscription). • Institutional membership is nonvoting; 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: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Home Address:

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

### 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 District
- 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):

- Adult/Vocational Education
- Asian & Pacific Islanders
- Critical Pedagogy
- Dual Language Immersion
- Early Childhood Education
- Elementary Education
- ESL in Bilingual Education
- Gifted Education
- Higher Education
- Indigenous Bilingual Education
- Instructional Technology
- Language Policy
- Making Connections: Teachers to School to Communities
- Para-Educator
- Parent & Community
- Policy Makers
- Professional Development
- Research & Evaluation
- Secondary Education
- Special Education
- World Languages & Cultures

### 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Check this box to make Renewal Easy!** If you are paying by credit card and you want NABE to automatically renew your membership annually, check this box and we will charge your credit card the standard renewal amount annually. This permission will remain in effect until you cancel it in writing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Mail:** NABE, 1313 L Street NW, Suite 210, Washington, DC 20005  
**Fax:** Credit Card payments can be faxed to NABE at (202) 789-2866