

ARIZONA ASSOCIATION OF TEACHERS OF JAPANESE MEMBERSHIP APPLICATION FORM (January-December 2017)

This application form is to join **ARIZONA Association of Teachers of Japanese ONLY**.

If you wish to join AMERICAN Association of Teachers of Japanese in addition to ARIZONA Association of Teachers of Japanese, please go to their website (<http://www.aatj.org/>) to sign up and choose ARIZONA as your affiliate.

Your AzATJ membership fee DOES NOT include membership in AZLA (Arizona Language Association).

However, if you were AzATJ member, you can join AZLA for \$10. For more information about AZLA, please go to their website (<http://azla-online.org/>). AZLA membership year starts September 1 and ends August 31.

On the lines below, please provide your information.

Name: English: _____ Katakana /kanji _____

E-mail address: _____

Home address:

Street _____ city _____ state _____ zip _____

Home phone number: _____ Cell phone number: _____

School/Business name: _____

School/Business address:

Street _____ city _____ state _____ zip _____

School phone number _____ School fax number _____

Your position (such as Instructor, Faculty Associate) _____

Please check your preferred mailing address: Home address _____ School/Business address _____

****Please list any contact information you would NOT like published in the AzATJ directories:**

Below, please check the appropriate box on the left plus any applicable boxes on the right, and then write in the total amount you are sending with this application form. (Note: Active and Patron Membership come with voting and holding office privileges, but Associate and Student Membership does not come with voting or holding office privileges.)

- | | |
|--|--|
| <input type="checkbox"/> Active Membership Fee (\$15) | <input type="checkbox"/> Associate Membership Fee (\$10) |
| <input type="checkbox"/> Student Membership Fee (for full-time students only) (\$10) | <input type="checkbox"/> Patron Fee (\$25 or more) |
| <input type="checkbox"/> Overseas Member Fee (Additional) (\$10) | <input type="checkbox"/> Donation (\$____) |

Total \$ _____ Check this box if you need a receipt of this payment

Make your check payable to **AATJ** and return with this registration form to:

AATJ
C/o Masami Rivera-Rios
Saguaro High School
6250 N 82nd St
Scottsdale Arizona 85250