

**MEMBERSHIP APPLICATION FORM** (July 1<sup>st</sup> – June 30<sup>th</sup>)

New Member       Renewing Member

**Contact Information**

Name \_\_\_\_\_  
Title                      First                      Middle                      Last

Has your name changed since last renewal? Please list former name: \_\_\_\_\_

Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

This is a new address since last renewal

Phone \_\_\_\_\_  
Cell                      Home                      Work

Preferred E-mail Address \_\_\_\_\_

This is a new email address since last renewal

**School Information**     No changes since last renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of World Languages Supervisor \_\_\_\_\_

Classes/ Levels of Italian Offered \_\_\_\_\_ Which Do You Teach? \_\_\_\_\_

Approximate Enrollment in the Italian Program \_\_\_\_\_

**Membership Category**     Individual \$35       Full time Student \$10       Retired \$10       Supporting \$25

Institutional \$120 (For schools with up to 4 members, beyond 4 an additional \$30 per member) Names of other members in group:

\_\_\_\_\_  Please accept my donation in the amount of \$ \_\_\_\_\_

**Method of Payment**     Check # \_\_\_\_\_     Paypal last name on account \_\_\_\_\_     Purchase Order

**Tell Us About Yourself**

**I am interested in:**

- \_\_\_ Professional Development Workshops
- \_\_\_ Activities/Contests for my students
- \_\_\_ Study Abroad Scholarships for Teachers
- \_\_\_ Corsi di Aggiornamento di Lingua
- \_\_\_ Support/ Mentoring
- \_\_\_ Methodology Workshops
- \_\_\_ Information for AP Teachers
- \_\_\_ Teaching Resources
- \_\_\_ Job Postings
- \_\_\_ Advocacy

**Committees**

Are you interested in serving on one or more of committees?

- Yes     Not at this time    (Check all that apply)
- \_\_\_ Publicity
- \_\_\_ Membership
- \_\_\_ Networking
- \_\_\_ Professional Development
- \_\_\_ Student Activities/Contests
- \_\_\_ Scholarships
- \_\_\_ Website
- \_\_\_ Social Media/Blog

**Is there a specific teacher or colleague you suggest we contact about ITANJ membership?**

Teacher's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Please make checks payable to ITANJ**  
 Mail to: ITANJ, c/o Teresa Sengel, 5 Sunny Ct, Somerset, NJ 08873  
 E-mail: [info@itanj.org](mailto:info@itanj.org)    Website: [www.itanj.org](http://www.itanj.org)