FLORIDA FOREIGN LANGUAGE ASSOCIATION, INC.
ANNUAL MEMBERSHIP FORM
2005-2006

NAME: _____
(FIRST) (MIDDLE) (LAST)

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: ( ) _____ FAX: ( ) _____

E-MAIL: _____

NAME OF SCHOOL/BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: ( )_____ FAX: ( )_____

COUNTY: _____ REGION #:_____ (Please refer to region map)

LANGUAGE(S): *(CHECK ALL THAT APPLY)*

☐ FRENCH ☐ GERMAN ☐ GREEK ☐ HEBREW ☐ ITALIAN ☐ JAPANESE
☐ LATIN ☐ PORTUGUESE ☐ RUSSIAN ☐ SPANISH ☐ OTHER _____

YOUR POSITION(S): *(CHECK ALL THAT APPLY)*

☐ TEACHER ☐ ELEMENTARY ☐ MIDDLE/JR HIGH ☐ HIGH SCHOOL
☐ POST-SECONDARY ☐ SUPERVISOR ☐ OTHER _____

2005-2006 MEMBERSHIP DUES $20.00 (MAKE YOUR CHECK PAYABLE TO: FFLA INC.)

MAIL TO
LINDA SANTAIGO, FFLA EXECUTIVE DIRECTOR
5141 87TH AVE NORTH
PINELLAS PARK, FL 33782

DO NOT WRITE BELOW THIS LINE

MEMBERSHIP PAYMENT: AMOUNT _____

☐ CASH ☐ CHECK (# _____) DATE_____ DEPOSIT _____