

**Foreign Language Educators of Northeast Florida  
Annual Membership Form**

<b>Name</b>		
<b>Birthday</b>	<b>Anniversary</b>	
<b>Home Address</b>		
<b>City</b>	<b>Zip</b>	<b>Phone (    )</b>
<b>School Name</b>		
<b>School Address</b>		
<b>City</b>	<b>Zip</b>	<b>School #</b>
<b>School Phone (    )</b>		<b>School Fax (    )</b>
<b>E-mail Address</b>		
<b>Language(s) &amp; Level(s)</b>		

*I would like to serve on the following committee(s):*

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Advocacy          | <input type="checkbox"/> Conference | <input type="checkbox"/> Fundraising              |
| <input type="checkbox"/> Grant/Scholarship | <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Social            | <input type="checkbox"/> Sunshine   | <input type="checkbox"/> Technology               |

**Mail your completed FLENEF membership form along with your \$10 annual dues to:  
Tricia Pulsifer, FLENEF Treasurer  
F.H. Peterson Academies of Technology  
7450 Wilson Blvd.  
Jacksonville, FL 32210  
Or via Duval County Public School mail to Peterson Academies of Technology #280**

**DO NOT WRITE BELOW THIS LINE**

<b>DATE PAID</b> _____ / _____ / _____	<b>METHOD OF PAYMENT</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK (# _____)
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