



San Diego - American Sign Language Teachers Association

MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary E-mail: _____

2nd E-mail _____

Phone: (_____) _____ V / TTY / VP / Text-SMS

Employment Title: _____

Please check and name affiliation(s):

- student _____
- K-12 school _____
- college/university _____
- research _____
- interpreter _____
- other _____

certification (CSET-ASL, ASLTA, ACCI/EIPA/NAD/RID)

Are you a member of national ASLTA? Yes / No

Are you interested in serving on a committee with SD-ASLTA? Yes / No

May we share your contact information with other entities and organizations interested in the teaching and learning of ASL (i.e. the National Evaluation Services, the California Department of Education, the national ASLTA, and other ASL related organizations)?

Yes _____ No _____
please sign to give consent

Please send this form and check for \$10 payable to SD-ASLTA to:

Reed Gershwind
SD-ASLTA Treasurer
SDSU SLH-207
San Diego, CA 92182-1518