

## Membership Application/Renewal

Join or renew online at [www.matsol.org](http://www.matsol.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email (required) \_\_\_\_\_

*\* District and institutional spam filters sometimes block MATSOL email messages. Make sure your system accepts email from [memberclicks.com](http://memberclicks.com), our system administrator, and [matsol.org](http://matsol.org).*

### Contact Information

Address \_\_\_\_\_ This is my  home  work

Address, cont. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Personal Phone \_\_\_\_\_

### Professional Affiliation

Job Title \_\_\_\_\_

School District/Institution \_\_\_\_\_

School/Department \_\_\_\_\_

### Membership Benefits

Do you want to receive MATSOLworks job listings? Yes No

### Special Interest Groups – Check all that apply

<input type="checkbox"/>	Low Incidence Programs	<input type="checkbox"/>	Community College ESL
<input type="checkbox"/>	Private Language Schools	<input type="checkbox"/>	Teacher Education
<input type="checkbox"/>	Instructional Coaches	<input type="checkbox"/>	Family-School Partnerships
<input type="checkbox"/>	Educators of Color	<input type="checkbox"/>	Emergent Bilingual Learners & Special Needs

### Annual Membership Dues

Mail a purchase order or check to: **MATSOL 2 Canton Street, Suite B-223 Stoughton, MA 02072**

Professional \$40.00  Retired \$25.00  Full-Time Student\* \$25.00 Payment Enclosed \$ \_\_\_\_\_

*\* Full-time student membership is for those engaged in full-time study only (12 or more credits undergraduate, 6+ credit master's/graduate, 3+ credits doctoral). Students must provide a dated unofficial transcript to verify full-time study by mail or email ([matsol@matsol.org](mailto:matsol@matsol.org)).*