



Membership Form

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Phone: _____ E-mail: _____

Are you an ASL instructor? Yes No

Primary location of instruction _____ Level(s) of ASL taught: _____

Secondary location _____ Level(s) of ASL taught: _____

Other location _____ Level(s) of ASL taught: _____

Do you have ASLTA Certification? Circle one: None Provisional Qualified Professional

WA ASLTA maintains an on-line membership directory at its website.
Please mark which information you wish to include in the on-line directory:

Name City Phone E-mail

Instruction locations Levels of ASL ASLTA Certification

Make checks in the amount of \$15.00 payable to WA ASLTA and mail with completed membership form to Terry Sasser, Treasurer, WA ASLTA, PO Box 1572,, Edmonds, WA 98020-1572

Office use:

Date: _____ Check # / Cash _____ Receipt No. _____

WASHINGTON STATE AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION

P.O. Box 1572, Edmonds, WA 98020-1572 / <http://waasлта.org>