



OMLTA Membership Form / *Formulaire d'adhésion à l'AOPLV*

January to December 2008 / *janvier à décembre 2008*

Renewal **New Member**

Title/Titre	Name/Nom	
Home address/Adresse à domicile		
City/Ville	Province	Postal Code/Code postal:
Telephone/Téléphone	Fax/Télécopieur	
E-mail/Courriel (<i>required for full correspondence- please print clearly</i>) (home and/or professional)		
School/École	Board of Education/Conseil scolaire	

Membership Dues/Cotisation

- | | | |
|--------------------------|---|------------------------------------|
| <input type="checkbox"/> | Membership Fee for / <i>Cotisation pour OMLTA/AOPLV</i> | \$50.00 |
| <input type="checkbox"/> | Membership Fee for / <i>Cotisation pour OMLTA/AOPLV + CASLT *</i> | \$65.75 |
| <input type="checkbox"/> | Superannuated Teacher for / <i>Professeur(e) retraité(e) pour OMLTA/AOPLV</i> | \$20.00 |
| <input type="checkbox"/> | Superannuated Teacher for / <i>Professeur(e) retraité(e) pour OMLTA/AOPLV + CASLT *</i> | \$35.75 |
| <input type="checkbox"/> | Student Teacher / <i>Étudiant(e)</i> | free introductory OMLTA membership |

* CASLT: Become a member of the national family of second language educators by purchasing a double membership to OMLTA and CASLT for an additional \$15.00 (Plus 5% GST). Membership to CASLT runs from April 2008 to March 2009. Please note that the CASLT membership card and receipt will be sent out by CASLT at a later date.

Payer is (check one) / Le payeur est (cocher s.v.p.) : Individual / une personne Employer / l'employeur

- Cheque and form enclosed (check payable to OMLTA/AOPLV/ *Libeller votre chèque à l'ordre de l'AOPLV/OMLTA.*)
 Cheque will be sent by employer / *Le chèque sera envoyé par l'employeur (within 30 days)*

Please indicate your present area of work and the language(s) with which you are involved. / *Indiquer s'il vous plaît le poste que vous occupez et la(les) langue(s) que vous enseignez.*

Area of work /poste que vous occupez

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 1. Student Teacher | <input type="checkbox"/> 2. Elementary | <input type="checkbox"/> 3. Secondary | <input type="checkbox"/> 4. Post-Secondary |
| <input type="checkbox"/> 5. Faculty of Education | <input type="checkbox"/> 6. Board of Education | <input type="checkbox"/> 7. Superannuated Teacher | |

Language(s) / Langue(s)

- | | | | | |
|---|--|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. French Core | <input type="checkbox"/> 2. French Immersion | <input type="checkbox"/> 3. Extended French | <input type="checkbox"/> 4. German | <input type="checkbox"/> 5. Spanish |
| <input type="checkbox"/> 6. Italian | <input type="checkbox"/> 7. Other _____ | | | |

Return to:

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