

# VASLTA Membership Form 2009

Please print clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Home (     ) \_\_\_\_\_ TTY V

Work (     ) \_\_\_\_\_ TTY V

Fax (     ) \_\_\_\_\_

Do you have a TTY answering machine?     Yes    No

E-Mail \_\_\_\_\_

Please check if you are: (for directory purposes)

\_\_\_\_ Sign Language Teacher

\_\_\_\_ Deaf Culture Specialist

\_\_\_\_ Interpreter or Interpreter Trainer

\_\_\_\_ Educator of the Deaf

\_\_\_\_ Other (please specify) \_\_\_\_\_

Are you certified by ASLTA? If so, what level?

What is the highest degree you have?

Specify level of class, if you teach ASL (currently or previously).

How many years of teaching ASL?

Are you currently teaching ASL? Where?

Do you want your name, address, and phone number printed in our directory?   Yes    No

Join VASLTA for \$15   \$    \_\_\_\_\_

Donation to VASLTA   \$    \_\_\_\_\_

Total    \$    \_\_\_\_\_

Do you want to receive future issues of the  
VASLTA newsletter via:

\_\_\_\_ regular mail    \_\_\_\_ e-mail

Please make the check payable to: VASLTA, and mail the check with this detached form to:  
Paula Debes, c/o Membership, 8544 Rothbury Drive, Bristow VA 20136