

VASLTA Membership Form
2012 to 2013

Please print clearly.

Name _____

Address _____

City _____ State _____ Zip Code _____

Best way to contact you?

Please check if you are:

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 \$ _____

Please make the check payable to: VASLTA, and mail the check with this detached form to:
Julie Bagshaw, c/o Membership, 8115 Glenhurst Drive, Fairfax Station VA 22039