



Membership Application

One year: \$15 Two years: \$25
(Retirees pay no dues.)

***One year membership period:
January 1 - December 31***

Name _____

Home Address _____
Street

_____ *City* _____ *State* _____ *Zip Code*

Home phone _____

School Name _____

School Address _____
Street

_____ *City* _____ *State* _____ *Zip Code*

Primary E-mail _____ Secondary E-mail _____

Languages taught _____ Levels taught _____

Is this a gift membership? _____ If so, may we say from whom? _____

Please check : <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> LOTE Department Leader <input type="checkbox"/> Student	I will gladly help with: <input type="checkbox"/> Hosting meetings/conferences at my school <input type="checkbox"/> Presenting workshops <input type="checkbox"/> Committee meetings <input type="checkbox"/> Helping at conferences <input type="checkbox"/> Serving on the LECNY Executive Board <input type="checkbox"/> Other: _____
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Please mail this form and your check payable to LECNY to:
Denise Mahns
4755 Sabre Lane
Manlius, NY 13104

(or e-mail this form to lecnymembership@gmail.com and pay online via Paypal)