



Renewing Member **New Member**

Name _____

School / Institution _____

Preferred Mailing Address **Home** **Work**
 Opt-out of renewal reminders by mail **Yes** **No**

Address _____

City _____

State _____ Zip Code _____

Please check preferred phone and email

Home Phone _____

Mobile Phone _____

Work Phone _____

Home Email _____

School/Work Email _____

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Community or 2-year College |
| <input type="checkbox"/> Middle / Jr. High | <input type="checkbox"/> 4-year College / University |
| <input type="checkbox"/> High School | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Saturday School | <input type="checkbox"/> Not Teaching or Retired |
| <input type="checkbox"/> Online | <input type="checkbox"/> Minority Serving Institution (MSI) |

For statistical purposes only (Data policy available at aatg.org)

Male Date of Birth _____
 Female Prefer not to say

Race/Ethnicity White/Caucasian Hispanic/Latino
 Pacific Islander Other
 African-American Prefer not to say
 Asian

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 Yes **No** *Share my info for German seminars, programs, etc.*
 Yes **No** *Share my info with AATG Professional Partners.*

Membership Category

- Regular Membership** \$90
 - Save and renew for two years* \$170
 - Save and renew for three years* \$255
 - Automatically renew my membership each year*
- New Teacher** (fewer than 3 years experience) \$45
- Part-time Teacher** (fewer than 3 classes) \$45
- Retired/Not Teaching** \$45
- Full-time Student** \$25
- Joint Membership** (2 members in one household) \$110

Name _____

Email _____

- Contributing Member** \$150
- Sustaining Member** \$250
- Patron Member** \$500
- Life Member** \$1926

Publications in Print

AATG Newsletter *Color magazine* \$50

Donations

- AATG Endowed Scholarship Fund** \$ _____
- Friends of AATG Endowment** \$ _____
- AATG General Fund** \$ _____
- Professional Development Endowed Fund** \$ _____

ACTFL Membership

- Basic \$45
- Plus \$85
- Preferred (Publications) \$165
- Preferred (Professional Development) \$325
- Premium \$375

Total \$ _____

Payment

- Check enclosed
- Purchase order enclosed
- Credit Card VISA MASTERCARD AMEX
 - Automatically renew my membership with this card each year*

Credit card number _____

_____/_____/_____/_____/_____ _____
 Expiration date Security code

Name as it appears on card _____

Billing address _____

City / State / Zip _____

Signature _____