



112 Haddontowne Ct #104  
Cherry Hill, NJ 08034  
856.795.5553  
info@aatg.org  
www.aatg.org

☐ **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](http://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

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

## Membership Category

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

Name \_\_\_\_\_

Email \_\_\_\_\_

<input type="checkbox"/> <b>Contributing Member</b>	\$150
<input type="checkbox"/> <b>Sustaining Member</b>	\$250
<input type="checkbox"/> <b>Patron Member</b>	\$500
<input type="checkbox"/> <b>Life Member</b>	\$1926

## Donations

<b>AATG Endowed Scholarship Fund</b>	\$ _____
<b>Friends of AATG Endowment</b>	\$ _____
<b>AATG General Fund</b>	\$ _____
<b>Professional Development Endowed Fund</b>	\$ _____

**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