



FOR OFFICE USE ONLY	
Check #:	_____
Amount:	_____
Processed:	_____

**Illinois Teachers of English to Speakers of Other Languages/Bilingual Education
MEMBERSHIP APPLICATION**

Please visit us at: www.itbe.org

CHECK ONE (X):	
___NEW	___RENEWAL
DATE ___/___/___	
PLEASE PRINT OR TYPE:	
Name: _____	Employer(s): _____
Mailing Address _____	_____
City _____	Home Phone () _____
State _____ Zip _____	Work Phone () _____
	Fax () _____
	E-Mail Address _____
CHECK IF CHANGE OF (X):	
___NAME	___ADDRESS
1-YEAR MEMBERSHIP	2-YEAR MEMBERSHIP
<input type="checkbox"/> Regular \$35.00	<input type="checkbox"/> Regular \$60.00
<input type="checkbox"/> Student* \$20.00	
<input type="checkbox"/> Joint** \$60.00	
<i>*Student membership applications must be accompanied by verification of full-time enrollment (e.g., current semester registration).</i>	
<i>**Family members residing at the same address may apply at the joint membership rate.</i>	
Membership in Illinois TESOL/BE is separate from membership in TESOL	
Check (X) if you DO NOT want your name published in our state directory: _____	
Check (X) if you want to receive the ITBE Newsletter , which is distributed via email: _____	
I am member of: <input type="checkbox"/> IEA/NEA <input type="checkbox"/> IFT/AFT <input type="checkbox"/> NABE <input type="checkbox"/> IACEA <input type="checkbox"/> TESOL	
I work primarily in: <input type="checkbox"/> Adult Education <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Higher Education	
I am interested in working on the following committee(s):	
<input type="checkbox"/> Convention	<input type="checkbox"/> Membership
<input type="checkbox"/> Scholarship/Awards	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Technology	<input type="checkbox"/> Publicity
<input type="checkbox"/> Professional Concerns	<input type="checkbox"/> Exhibits and Advertising
<input type="checkbox"/> Program	<input type="checkbox"/> Part-Time Issues
<input type="checkbox"/> Nominations	<input type="checkbox"/> Other _____

Mail a check and this form to:

**Membership
Illinois TESOL/BE
PMB 232
8926 North Greenwood Avenue
Niles, IL 60714-5163**

Purchase orders and credit cards cannot be accepted. Make checks payable to Illinois TESOL/BE. Illinois TESOL/BE will assess a fee of \$50 on all returned checks. Please allow 3-6 weeks for processing for mailed in applications. Join or renew online for immediate processing.