



National Council of Japanese Language Teachers 全米日本語教師会
P.O. Box 3719, Boulder, CO 80307-3719, USA

NCJLT Individual or Corporate Membership Form

Date: day ____ mo. ____ year _____

Membership: ____ New ____ Renew for year: _____

Name: _____

Institution's Name; _____

Mailing Address: _____

Phone (H=Home, S=School) H: _____ S: _____

Fax: _____ e-mail: _____

_____ Check if you prefer to receive *Oshirase* by e-mail

PLEASE NOTE:

Newsletters will be sent to your mailing address.

Any memberships received after January of a given year will only be good until December of that year.

*If you are a member of one of the affiliates listed on the homepage (<http://www.Colorado.EDU/ealld/atj/ncjlt/>) you may already have joined NCJLT as part of your membership fee to your affiliate.

_____ \$20 Individual member

_____ \$25 International Individual Member

_____ \$35 Domestic Institutional Membership*

_____ \$40 International Institutional Membership*

_____ \$95 Corporate Membership**

* Institutional memberships include *Oshirase* but do not include ACTFL attendance benefits.

**Corporate membership includes *Oshirase* as well as 2 persons receiving ACTFL attendance benefits.

Payment is by December 15 to receive all the benefits of membership, which include: One full year of *Oshirase* (4 issues) and participation at the ACTFL Conference as an NCJLT member. Please send this form, with your **check made out to "NCJLT"** to:

NCJLT

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