



# Welcome to Membership in CT COLT

**Connecticut Council of Language Teachers  
Serving Connecticut Teachers Since 1968**



## MEMBERSHIP FORM for New and Renewal Memberships

Please (re)enroll me as a member of Connecticut COLT. Enclosed is a check or money order payable to "CT COLT". I understand that the membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup> of this year. If I am purchasing a one year membership for the first time, the term of my membership will run until December 31. If I am renewing my membership, the term of my membership will be extended from the expiration date of my current membership. Please note that we have established the following membership categories: (1) NEW member or RENEWING member, (2) RETIRED teacher, (3) UNDERGRADUATE student, and (4) GRADUATE student (NOT currently teaching).

Date \_\_\_\_\_ Referred by: (if applicable) \_\_\_\_\_

I prefer to receive a paper copy of the CT COLT Newsletter. \_\_\_ Yes \_\_\_ No (Please check ONLY ONE)

### Membership Categories:

CURRENT OR NEW CT COLT MEMBER:  1 year (\$30)  2 years (\$55)  3 years (\$75)

RETIRED TEACHER: \$15 per calendar year. \_\_\_\_\_ Number of Years Renewal

UNDERGRADUATE STUDENT: \$15 per calendar year.

GRADUATE STUDENT (NOT CURRENTLY TEACHING): \$15 per calendar year.

Name \_\_\_\_\_ Title \_\_\_\_\_

Current Expiration Date \_\_\_\_\_ (located on your newsletter address label)

E-Mail Address \_\_\_\_\_

***We must have a current e-mail address that accepts bulk mailings!!!***

Town Where Employed \_\_\_\_\_

*(We need this information for our database to track members by region.)*

Please give us BOTH Addresses. **Check the address at which you prefer to receive mailings.**

School/Business Name \_\_\_\_\_ Telephone \_\_\_\_\_

*(please include area code)*

Address \_\_\_\_\_ ZIP + \_\_\_\_\_

*(street address, city and state)*

Home Address (Street) \_\_\_\_\_ Telephone \_\_\_\_\_

*(please include area code)*

\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

*(city and state)*

Languages You Teach: \_\_\_\_\_

Level: ***(Please check all that apply):***

Elementary  Middle/Jr. High  High School  Higher Education  Supervisor  Teacher  Dept. Head

**Please mail this form and your payment (check or money order payable to CT COLT) to  
Paul M. St. Louis, Treasurer-CT COLT, 275 Cedar Swamp Road, Monson MA 01057-9303**

**CT COLT DOES NOT ACCEPT PURCHASE ORDERS**