

IATEFL BASIC MEMBERSHIP APPLICATION FORM

New Application () Renewal () Membersh	ip Number					
MEMBERSHIP INFORMATION								
The IATEFL membership year is for a period of one year from receipt of subscription								
Full and Basic Membership of IATEFL - What's the difference?								
Full Membership		Basic Membership						
IATEFL Voices 6 times	s per year	IATEFL Voice	es 6 times per year					
Conference Selections	(no charge)	Reduced rate for Conference						
		Selections						
Membership of one SI	G (no charge)	-						
Opportunity to subscrib	oe to additional	Opportunity to	subscribe to SIGs					
SIGs								
Reduced rate at IATER	EL events	Reduced rate	at IATEFL events					
Reduced subscriptions		Not available						
publications and reduc								
some ELT-related goo								
that may be available f								
to IATEFL members as								
Voting rights in IATEFL		Voting rights i	n IATEFL					
Can stand for office in IATEFL		-						
Basic Membership								
Family Name								
Mr/Mrs/Ms/Prof/Dr								
Forenames								
Address								
Tel								
10.4								
Work Affiliation								
A 1 1								
Address								
Tol								
Tel								
Email								
FEES								
Basic Membership @ £19.00 Sub Total 1 £								
Dasie Membership & 218.00 Odb Total I 2								

OPTIONS (Special Interest Groups & Periodicals)

SPECIAL INTEREST GROUPS (SIGS):

The choice of one Special Interest Group is included in the full individual membership. Subscriptions to SIGs are available to all members:

PL	EASE TICK RELEVAI	NT BOX(E	S) TO IN	DICATE YOUR CHO	SEN SIG(S)		
☐ Business English		£14.00					
			£14.00				
□ ES(O)L		£14.00					
		£14.00					
☐ Global Issues		£14.00					
Learner Independence		£14.00					
Learning Technologies		£14.00					
☐ Literature, Media & Cultural		£14.00					
Studies Pronunciation		£14.00					
Research		£14.00					
☐ Teacher Development		£14.00					
☐ Teacher Trainers & Educators		£14.00					
☐ Testing, Evaluation & Assessment		£14.00					
			£14.00				
			Sub Total 2		£		
	DAVMENT DE	TAUO					
	PAYMENT DE	IAILS					
Sub	Total 1:	£					
Sub	Total 2:	£					
GR	AND TOTAL:	£					
Method of payment							
Send this completed form with a cheque payable to:(name of Associate organisation)							
	Credit Card Paymen						
	Card Type (We regret	we cannot a	accept Ame	rican Express)			
Card Number							
Start Date							
Expiry Date							
3 Digit Security Code (On Back of card)							
Name of the Cardholder							
Address to which the card is registered, Please include your postcode.							
	Please deduct £ from my card						
Associate address and soutest details							
Associate address and contact details							
Sigi	ned:		_ D	ate:			