



**OHIO TEACHERS OF ENGLISH TO
SPEAKERS OF OTHER LANGUAGES**

2008 Membership Form

Renewing? Yes No
Note: All bulleted (•) items are required for submission.

• First _____
 Middle Name: _____
 •Last Name: _____
 •Street/Box: _____
 •City: _____
 •State: _____
 •Zip Code: _____
 Phone 1: _____
 Phone 2: _____
 •Email (primary): _____
 Email (secondary): _____
 Institutional Affiliation: _____

•Membership type requested (check one)
 Active \$25 Student/Retired \$15

•Please check the primary population you serve (one):
 K-12 Elementary
 Middle/Junior High Secondary
 University/ College Adult/Corporate/Refugee

•Please check your primary position (one):
 Teacher/Professor Administrator
 Full Time Student Tutor/Paraprofessional/Other

Journal: All active members will have access to the journal in electronic form. If you would like a hard copy mailed to you, indicate that here:
 Yes! Mail a journal to me (3 issues/year)

The member directory is now online and you have access to it as a member in good standing. Go to www.ohiotesol.org to find out how you can add yourself to the directory and keep your information current.

Choose your Interest Sections:

Please rank from 1 to 4 the Interest Sections important to you (1 being the most important). Choose N/A for any area you are not interested in.

_____ **Post Secondary, Higher Education**

- Intensive English programs
- ITA training
- EAP programs
- Special university summer programs
- Community college

_____ **K-12**

- Elementary schools
- Middle/Junior high schools
- High schools
- Bilingual education

_____ **Research, Teacher Ed, Teacher Preparation**

- Applied linguistics
- SLA research
- Materials development
- CALL
- Technology

_____ **Adult Education/Refugee**

- Adult & family literacy
- Refugee Services
- Vocational ESOL
- Consulting
- Tutorial services
- Corporate programs

An acknowledgement email will be sent in 6-8 weeks from ohiotesol@gmail.com. Please add to trusted addresses.
All information submitted herein is kept private.

**Please make your check payable to
Ohio TESOL and mail it with this form to:
Ohio TESOL Membership
1837 Westwood Ave.
Columbus, OH 43212**

Are you currently a member of TESOL, a 14,000+-member professional organization for educators working in the field of English language instruction throughout the world?
 Yes No

If you are not currently a member of TESOL, you may wish to find out more about the organization at:
700 South Washington Street, Suite 200
Alexandria, Virginia 22314 USA
Tel. 703-836-0774
Fax 703-836-7864 or -6447
www.tesol.org

Office use only:
 Payment type (check one):
 Check (# _____) Electronic
 Payment Date: _____