

Illinois Association for Multilingual Multicultural Education

Application Form (please print or type)

Last Name

First Name

Initial

Preferred Mailing Address: Home Business

Both home and business addresses are needed.

HOME ADDRESS:

Street Address

City

State

Zip + 4

Home Phone

BUSINESS ADDRESS:

Position

Organization

Street Address

City

State

Zip + 4

Business Phone

Ext.

Fax Number

Email Address: _____@_____

For Office Use Only

Date received: ____/____/____

Check #: _____

Date processed: ____/____/____

Member #: _____

INTERNET

Send All Payments To:

IAMME Membership Committee
IAMME Secretary
2626 S Clearbrook Dr
Arlington Heights, IL 60005-4626

Mailing List Disclaimer

When IAMME receives requests for IAMME Membership Lists from other organizations or corporations, the IAMME board meets and discusses if they are offering something of interest to the general membership. If the IAMME board decides that the membership would benefit from a particular product or service, the board will authorize the sharing of information.

If you **do not** wish to have any of your information shared with outside parties, please check the box below. If the box is empty, your name will be included on the list.

Please remove my name from any mailing list that is shared with outside parties.

I am involved in bilingual education as: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Community Person | <input type="checkbox"/> Para-professional |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Publisher | <input type="checkbox"/> Prospective Teacher |
| <input type="checkbox"/> School Board Member/Education Policy-Maker | | |
| <input type="checkbox"/> Other: _____ | | |

As a NABE/IAMME member, I am interested in the following Special Interest Groups and Standing Committees.

Special Interest Groups:

- | | | |
|--|--|---|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Global Education | <input type="checkbox"/> Multicultural Issues |
| <input type="checkbox"/> Early Elementary | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Parent & Community |
| <input type="checkbox"/> Late Elementary | <input type="checkbox"/> ESL in Bilingual Education | <input type="checkbox"/> Language Policy |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Technology |
| <input type="checkbox"/> High School | <input type="checkbox"/> Educational Policy Making | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Assessment and Evaluation | |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Native Language and Culture Retention | |

Standing Committees:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Publications | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Socio-Political Concerns |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Honors and Awards | <input type="checkbox"/> Public Information |

PAYMENT INFORMATION



- \$30 Regular Membership
- \$50 Institutional Membership (libraries, universities, etc.)
- \$15 Student/Parent/Paraprof./Retired Educator Membership
- \$ _____ Contribution/Donation (in addition to membership dues)
- \$ _____ Total

Signature: _____ Date: _____

Payment Options: Cash (in person only) Check Credit Card (fill out info below)

VISA MasterCard American Express

Credit Card #: _____ Exp. Date: ____/____