

# WESTERN NEW YORK FOREIGN LANGUAGE EDUCATOR'S COUNCIL MEMBERSHIP FORM

Date pd. _____
Check # _____
Amount _____
Entered _____

**Note: YOU MUST BE A WNYFLEC OR NYSAFLT MEMBER TO ATTEND THE REGIONAL CONFERENCE AT DISCOUNTED RATES**

(Membership runs on the calendar year: January - December)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Language(s) Taught: \_\_\_\_\_

School District: \_\_\_\_\_

**or** College/University \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

(\*An email address must be provided, and kept current, to ensure receipt of electronic Newsletter and general electronic Listserv delivery)

Please check this box if **any** of your information is new.

	NEW	RENEWAL
College Student (provide proof of <u>full time</u> schedule) \$ 8.00	<input type="checkbox"/>	<input type="checkbox"/>
Regular Member \$ 18.00	<input type="checkbox"/>	<input type="checkbox"/>
Retired Member \$ 8.00	<input type="checkbox"/>	<input type="checkbox"/>
Lifetime Member \$150.00	<input type="checkbox"/>	<input type="checkbox"/>

**Please consider making a donation to WNYFLEC to help support one or more of the following scholarship funds:**

Anthony Papalia Award (tuition assistance)	\$ _____
Teacher Incentive Grant (project-based funding)	\$ _____
Humanitarian Award (to fund philanthropic efforts)	\$ _____
General Scholarship (divided equally among awards)	\$ _____

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**ENTER TOTAL PAYMENT HERE: \$ \_\_\_\_\_**  
(Total payment should reflect member fee plus any donations, if applicable)

WNYFLEC is an organization made up of volunteer members who care. Please visit us online at [www.wnyflec.org](http://www.wnyflec.org) and register to volunteer on a committee (or on an "as-needed" basis). Your talents are needed to help LOTE flourish in our area!

Check the newsletter or website for information on upcoming events to see where help is needed - ANY time you can give would go a long way in promoting Foreign Language in Western New York.

**For U.S. Mail:** Send checks, payable to **WNYFLEC**, along with this form to:  
 Mark Critelli ♦ 4089 Knoll Drive #2 ♦ Hamburg ♦ NY ♦ 14075

**2010 WNYFLEC / NYSAFLT Regional Conference  
Saturday, February 27th**

**REGISTRATION FORM**

NAME: _____	HOME PHONE: _____
ADDRESS: _____	
CITY/STATE: _____	ZIP CODE _____
E-MAIL: _____	
SCHOOL _____	
DISTRICT _____	
LANGUAGE (S) TAUGHT: _____	

<b>CONFERENCE REGISTRATION</b>	<b>AMOUNT</b>	<b>ENCLOSED</b>
<b>Member of WNYFLEC or NYSAFLT</b>		
<i>Early Registration (Prior to February 10<sup>th</sup>)</i>		
Member	\$20.00	_____
Student member	\$15.00	_____
<i>After February 10<sup>th</sup></i>		
Member	\$23.00	_____
Student member	\$18.00	_____
<b>Non-member of WNYFLEC or NYSAFLT*</b>		
<i>Early Registration (Prior to February 10<sup>th</sup>)</i>		
Non-member	\$38.00	_____
Student non-member	\$23.00	_____
<i>After February 10<sup>th</sup></i>		
Non-member	\$41.00	_____
Student non- member	\$26.00	_____

\* (Automatically includes WNYFLEC membership for 2010)

**TOTAL ENCLOSED** \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO WNYFLEC**

**Return form to:** Mark Critelli ♦ 4089 Knoll Drive #2 ♦ Hamburg, NY 14075