

Membership Form

American Sign Language Teachers Association of Maryland, Inc.

Web Site: <http://www.mdaslta.org>

Please PRINT clearly:

First Name *Middle Initial* *Last Name*

Street Address

City *State* *Zip Code*

Email Address

----- One year membership: \$15

Please make your check/money order payable to ASLTA of Maryland, Inc., and mail it with this membership form to:

Treasurer
ASLTA of Maryland, Inc.
PO Box 614
Frederick, Maryland 21705-0614

Please help us serve you better by filling out the questionnaire below!

Would you be interested in giving a presentation/workshop seminar to the MD-ASLTA members? Yes or No If yes, what topic?

What kind of committee would you like to join?

Have you taught ASL? Yes or No Full-time / Part time? If yes, in what setting do you teach ASL? Please circle: high school / college or university / community education / other?

Identify ASL/Deaf culture related topics you would like MD-ASLTA to cover in its training program.

Revised 10-2-2010