Membership Form

Membership Year begins February 1 and ends January 31st

Note: If you will be attending the SWCOLT annual conference, you will not need to fill out this form, because a one year membership is included with your conference registration payment. If you are unable to attend the SWCOLT conference but want to be a current member of SWCOLT, then please print this form and send it with your check, credit card information, or purchase order to SWCOLT headquarters at the address below.

Regular Membership $50
- Receive SWCOLT news via mail and email
- Receive an invitation to the SWCOLT members’ reception at the annual conference

Retired Educator Membership $25
- Receive SWCOLT news via mail and email
- Receive an invitation to the SWCOLT members’ reception at the annual conference

Full-time World Language Education Student Membership $25
- Receive SWCOLT news via mail and email
- Receive an invitation to the SWCOLT members’ reception at the annual conference

State World Language Teachers’ Association Membership $100
- Receive SWCOLT news via mail and email
- Submit a “Regional Teacher of the Year” candidate
- Submit a “Best of State” session to be automatically accepted into the annual conference program
- Complimentary exhibit table in the conference exhibit hall (when requested)

Did you know?
SWCOLT offers each scholarship recipient a $300 stipend to help with travel arrangements.
SWCOLT awards the Regional Teacher of the Year a $500 honorarium.
SWCOLT supports the “Best of SWCOLT” session presenter with $600 to help with costs at ACTFL.

We are able to provide these incentives to teachers because of your support of our organization. Thank you!

Please Print:

Name: _______________________________________________________________________________________________________________________

Mailing Address Street: __________________________________________________________________________________________________

City: _____________________________________________________________ State: ________________________________ Zip: _______________

Email address: _____________________________________________________________________________________________________________

School/Institution/Affiliation Name: ___________________________________________________________________________________

Languages that you teach/supervise: ___________________________________________________________________________________

Grade levels that you teach/supervise: ___________________________________________________________________________________

Type of Membership:
- Regular
- Retired Educator
- Full time FL education student
- State Organization

I am paying with :
- a check (number __________)
- credit card (number __________________ expiration date __________________)
- purchase order (number ___________________)

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