

**Foreign Language Educators of Northeast Florida
Annual Membership Form
2008-2009**

Name	
Home Address	
City/State	Zip
Home Phone ()	Cell Phone ()
Home E-mail Address	
School Name	
School Address	
City/State	Zip
Type of School (check one): <input type="checkbox"/> Independent <input type="checkbox"/> Public	County
School Phone ()	School Fax ()
School E-mail Address	
Language(s) & Level(s)	

I would like to serve on the following committee(s):

- | | |
|---|--|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Social |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> World Language Festival |

<p>Mail your completed FLENEF membership form along with your \$10 annual dues to: Jacquelyn Cinotti-Dirmann FLENEF Executive Director 921 Jackson Rd Jacksonville, FL 32225 or via Duval County Public School mail to Oceanway Middle School #62</p>
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DO NOT WRITE BELOW THIS LINE

MEMBERSHIP PAYMENT	\$ 10 . 00	RECEIPT #	
METHOD OF PAYMENT		DATE PAID	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (# _____) <input type="checkbox"/> MONEY ORDER		_____ / _____ / _____	