

Georgia Association of Teachers of Japanese

ジョージア州日本語教師協会

GATJ Membership Form

Name (English):

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Email \_\_\_\_\_

School / Organization Name (Print) \_\_\_\_\_

School / Organization Official Website \_\_\_\_\_

Type of School / Organization (Check all that apply)

\_\_\_\_\_ Public

\_\_\_\_\_ Independent

\_\_\_\_\_ K-8

\_\_\_\_\_ K-12

\_\_\_\_\_ College / University

\_\_\_\_\_ Other

Your position

\_\_\_\_\_ Teacher/Professor \_\_\_\_\_ Administrator

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Grade Level(s) You Teach: \_\_\_\_\_

<p>Membership fee: \$10.00</p> <p>Donation: \$ _____</p> <p><b>Total:</b> \$ _____</p>	<p>Please make check payable to:</p> <p><b><u>Georgia Association of Teachers of Japanese</u></b></p> <p>Mail membership form and fee to:</p> <p><b>Kathy Negrellii</b></p> <p><b>Kennesaw State University</b></p> <p><b>Pilcher Bldg. #224</b></p> <p><b>375 Cobb Ave. NW</b></p> <p><b>Kennesaw, GA 30144</b></p>
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GATJ Office Use Only

Received membership fee on (date) \_\_\_\_\_

Comment: \_\_\_\_\_