

GCLE MEMBERSHIP FORM

會員申請表

Name (English) _____ Name (Chinese) _____

School/Organization Name _____

School/Organization Official Web Site (please print) _____

Type of School/Organization Public Independent

(Check all that apply)

K-8 K-12 College/University Other _____

Your Position: Teacher/Professor Administrator Other _____

Grade Level(s) You Teach: Grade(s) _____

Mailing Address: Home Work

Street _____

City _____ Zip Code _____

Office Telephone: _____ - _____

Home Telephone: _____ - _____

Fax _____ - _____

E-mail _____

Individual Membership: \$25.00

Institution Membership: \$100.00
(up to 5 teachers)

Please make check payable to:

Georgia Chinese Language Educators or GCLE

Mail membership form and fee to:

Betty Hu

Georgia Chinese Language Educators or GCLE

The Lovett School

4075 Paces Ferry Road, N.W.

Atlanta, Georgia 30327-3099

GCLE Office Use Only

Membership fee is received.

Date received _____

check # _____

comment _____
