

MEMBERSHIP APPLICATION



Guayaquil – Ecuador

ecuatesolmembers@gmail.com

1. Profile Information – please print

Birthday Date: Day _____ Month _____ Year _____

Ms. Mr. Mrs. Dr. Prof. Other

Complete name _____

Address _____

City _____ Province _____

Zip/Postal Code _____ Country _____

2. Contact Information – please print

Office: _____

Tel. Country Code Phone Number

Home: _____

Tel. Country Code Phone Number

Preferred E-mail: _____

Alternate E-mail: _____

3. Affiliations – please print

List Associations to which you belong, if any.

4. Membership dues

All prices are in U.S. dollars. Membership categories cannot be changed Except at the time of renewal.

	Membership Levels	1 Year
A	Pre-service Teachers	\$35
B	In-service Teachers	\$45
	<i>For teachers who have been teaching 3 years min.</i>	
C	Retired Professional	\$45
	<i>Retired professionals pay 50% off.</i>	
D	Otro .-	
SUBTOTAL Dues:		

5. Payment

☐ Personal check ☐ Corporate Check ☐ Bank Deposit

☐ Bank transfer

No. _____ for US \$ _____

6. Benefits

• Our newsletter Ecuaneews • The opportunity to join Special Interest groups • The opportunity to apply as a speaker at our events • Discounts on third party periodicals • Discount attendance fees at ECUATESOL Annual Conference • Discount on third party providers • The opportunity to apply for scholarships • Access archive of webinars, e-libraries from leading ELT institutions • The opportunity to vote in ECUATESOL elections.

7. Special Interest Groups

Teacher Development

Language teaching

English for specific purposes

Testing, Evaluation & Assessment

Signature _____

National Identification _____

Place and Date _____

Nota: Adjuntar copia a color de su cedula nacional, certificado de votación, una foto estilo pasaporte, y llenar currículo vita en google forms:

<https://forms.gle/dbWADfPKU4ytTxAN7>

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