



**WASHINGTON STATE AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION**  
**January through December 2016 Membership Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you an ASL or Deaf Studies instructor?  Yes  No

Primary instruction location: \_\_\_\_\_ ASL levels taught: \_\_\_\_\_

Secondary instruction location: \_\_\_\_\_ ASL levels taught: \_\_\_\_\_

Other location(s): \_\_\_\_\_ ASL levels taught: \_\_\_\_\_

Are you a member of the national ASLTA?  Yes  No

Do you hold an ASLTA certification?  Yes  No

If yes, what is your certification level? Provisional  Qualified  Professional

WA ASLTA maintains an on-line membership directory on its website. Please check the types of information you wish to be listed in the on-line directory:

Name  City  E-Mail  Instruction locations  Levels of ASL taught

Please make your check, in the amount of \$15.00, payable to WA ASLTA and mail with completed membership application to:

*Edward Ingham, Treasurer  
WA ASL Teachers Association  
8514 31<sup>st</sup> Avenue NW  
Seattle, WA 98117*

**Office Use**

Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt No. \_\_\_\_\_