



WASHINGTON STATE AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION
2020-2021 Academic Year 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:

Kristi Winter, Treasurer
WA ASL Teachers Association
8514 31st Avenue NW
Seattle, WA 98117

Office Use

Date _____ Check # _____ Cash _____ Receipt No. _____