



2025-2026 Membership Form

November 1, 2025- October 31, 2026

Member Information:

Name: _____
First Middle Last

School Name: _____

Language(s) Taught: _____ Levels: K-5 6-8 9-12 post-sec.

Preferred Mailing Address: Home Work

Street: _____

City: _____ State : _____ Zip: _____

Phone: _____ Email: _____

Membership Fees:

Please check one.

_____ Regular Membership \$30.00

_____ Retiree Membership \$20.00

_____ Student Membership (full-time students only) \$15.00

Membership Fee Enclosed: _____

**If you attended the November 2023 IFLTA conference you are automatically a member of IFLTA and do not need to enroll separately. Your conference registration fee includes your annual membership fee.*

To register as an IFLTA member please print out this page and return it with your check to:

IFTLA
PO BOX 492
125 W South St.
Indianapolis, IN 46206