Membership Year (academic): _____

FLAND Dues & Membership Form

School year (_____-_____)*

Name _____

Address _____

_____

Phone _____

Email _____

School _____

School Address _____

_____

Languages Taught _____

FLAND DUES: Check where appropriate

Annual Dues in conjunction with Summer Conference	$20 (pay with registration)
Annual Dues	$30 _____
University Student	$10 _____
Retired	Gratis _____
Donation to FLAND for special programming and activities	$_____

Check #_____ Cash_____ Total: _____

Send completed form and check to:

Erika Miller, FLAND Treasurer
4483 49th St. S.
Fargo, ND 58104

*A school year is defined as August 1 to July 31.