



The American Association of Teachers of Persian

Membership Application

FIRST NAME

LAST NAME

EMAIL

PHONE

Mailing Address (can be your institution):

CITY

STATE

ZIP CODE

COUNTRY

Affiliation/Employment/Institution Address:

CITY

STATE

ZIP CODE

COUNTRY

TEACHING LEVEL:

- College/University
- Community College
- Children's Community School
- Administration
- Private/Tutoring/Adult Education
- Non-teaching/Retired

MEMBERSHIP TYPE:

- Regular Members \$40
- Student Members \$25
- Community School Teachers \$25
- Institutional Members \$200
- Lifetime Members \$600

Send this form with annual membership fee in the form of a check payable to the American Association of Teachers of Persian (AATP) to the following address:

Michelle Quay
606 West 122nd Street
Knox Hall 517 New York, NY 10027
Email: info@aatpersian.org

Your membership due is tax-deductible. Thank You for demonstrating your commitment to the AATP.