



**AMERICAN ASSOCIATION OF TEACHERS OF PERSIAN**  
**Membership Application Form**

**First Name:**

**Last Name:**

**Email:**

**Phone:**

**Mailing Address (can be your institution):**

**City:**

**State/Province:**

**Zip Code:**

**Country:**

**Affiliation/Employment/Institution Address:**

**City:**

**State/Province:**

**Zip Code:**

**Country:**

**Teaching Level:**

1. Children's Community School
2. Community College
3. College/University
4. Administration
5. Private/Tutoring/Adult Education
6. 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](mailto:info@aatpersian.org)

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