



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:

Samad Alavi

Box 353120, Denny Hall 229

Seattle, WA 98195-3120

Email : info@aatpersian.org

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