



LILT Mail-In Membership Application Only

If you wish to enroll as a member on-line, please go to LILTFL.ORG and follow the appropriate link for NEW membership or RENEWAL membership.

PRINT VERY CAREFULLY IN BOLD BLUE OR BLACK INK

* REQUIRED FIELDS

Last Name* _____ **New**, First Name* _____

Former Last Name _____

Home Address* _____ **New**

City* _____ State* _____ Zip* _____

Home Phone* () _____ **New**, Home Fax () _____ **New**

E-Mail Address* _____ **New**

School Name/District _____ **New**

School Address _____ **New**, State _____ Zip _____

School Phone* () _____ **New**, School Fax* () _____ **New**

Languages and levels you teach* _____

Dues* (check one): 20 Individual 10 Full-Time Student 10 Emeritus

I am a **NEW** LILT member*.

I am **RENEWING** my LILT membership*.

I am interested in being a **JUDGE** for the LILT Student Foreign Language Competition*.

In order for your students to participate in LILT Student Foreign Language Competition and the LILT Poster Contest, your present LILT Membership must be paid by February 15th of the current school year. Make your membership check PAYABLE TO LILT, and mail to:

Ann Marie Lombardi, 115 Watts Pl., West Islip, NY 11795