



New Member / Membership Renewal / Change of Address

Name _____

Address _____

City _____ State _____ Zip _____

School _____ Language(s) _____

Email Address _____

Home Phone (_____) _____ Work (_____) _____

Levels you teach or administer _____

Membership: CCFLT membership is one year from your enrollment date. All memberships last for one year from that enrollment date. If your dues are not current, please mark your dues payment below:

Professional:.....	\$50.00	_____
First-year teacher:.....	\$30.00	_____
Student:.....	\$25.00	_____
Retired:.....	\$40.00	_____
Total payment:		\$ _____

Remit total amount due by check payable to CCFLT

Please forward this form and payment to:

CCFLT – Amy Flynn
P.O. Box 631187
Highlands Ranch, CO 80163

Questions? Contact the Executive Secretary at: execsec.ccflt@gmail.com