

**North East Texas Organization of Language Educators
Membership Form 2009/32**

Please print neatly. Complete all blanks.

Name: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Home FAX (_____) _____

Home e-mail: _____

School information

District / Campus: _____

School address: _____

City: _____ State: _____ ZIP: _____

School Phone: (_____) _____ School FAX: (_____) _____

School e-mail: _____ (required)

Principal's Name: _____

Language(s) Taught: French German Spanish

Level(s) Taught: I II III IV V Bilingual/ Heritage Speakers

***Membership enrollment deadline is February 27.**

MAIL MEMBERSHIP DUES OF \$20.00 PAYABLE TO NETOLE TO:

NET OLÉ
Sarah Latham White
Student Access and Success Center
P.O. Box 3011
Commerce, Texas 75429-3011