



Linguistic Society of America

2018-2019 K-12 MEMBERSHIP FORM

Please provide all information and please print. Form valid through 9/30/2019.

A COMPLIMENTARY ONE-YEAR LSA MEMBERSHIP, RENEWABLE ON DEMAND, WILL BE MADE AVAILABLE TO ANY K-12 TEACHER OR STUDENT UPON REQUEST.

NAME: _____

MAILING ADDRESS _____

COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

I AM A TEACHER STUDENT AT (INSTITUTION) _____

I am interested in learning more about:

The LSA's Committee on AP Linguistics

The LSA's Language in the School Curriculum Committee

The North American Computational Linguistics Olympiad (a competition for high school students)

SIGNATURE _____

PLEASE CONTACT THE LSA AT THE PHONE NUMBER OR EMAIL BELOW IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEMBERSHIP OR ACCESS TO THE LSA WEBSITE.

PLEASE SEND FORM TO:
Linguistic Society of America
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