**The Classical Association of Florida**

Membership Application 2011- 2012

**Deadline Monday, October 31, 2011**

Please fill out this form completely; you may type directly onto it.

Any information provided here will be published in the CAF directory. Access is limited to CAF members.

**Name** Click here to enter text.

**School Name** Click here to enter text. **County** Choose an item.

**PRIMARY CONTACT INFORMATION:** This is [ ]  **home**  [ ]  **school**

**E-mail** Click here to enter text. **Street Address** Click here to enter text.

**City** Click here to enter text. **Zip Code** Click here to enter text.

**Phone Number** Click here to enter text.

**SECONDARY CONTACT INFORMATION:** This is [ ]  **home**  [ ]  **school**

**E-mail** Click here to enter text. **Street Address** Click here to enter text.

**City** Click here to enter text. **Zip Code** Click here to enter text.

Treasurer’s Record:

Check #\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_

Personal \_\_\_\_\_

School \_\_\_\_\_

**Phone Number** Click here to enter text.

 **CAF Membership Status**

[ ]  Active (currently teaching Latin, Greek, or Humanities)

[ ]  Associate (former teacher, friend of the Classics)

[ ]  Retired

Choose an item. Number of years teaching Latin in Florida, including this year

Choose an item. Number of years of CAF membership, including this year

Choose an item. Are you a member of FFLA this year?

***Include a check for $10.00,*** *payable to CAF, unless you are retired. If retired, simply fill out and return the information form to be a member and to be included in the directory.**Confirmation of the receipt of all dues will be sent by e-mail****.***

*Mail this form to***: Sue Shelton** **e-mail questions to: sue.shelton61@gmail.com**

 **9018 Dees Road**

 **Lakeland, FL 33809**