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			
School Name	County		
PRIMARY CONTACT IN	FORMATION: This is home	□ school	
E-mail	Street Address	Street Address	
City	Zip Code		
Phone Number			
SECONDARY CONTACT	INFORMATION: This is □ hor	me 🗆 school	
E-mail	Street Address	Street Address	
City	Zip Code		
Phone Number		Treasurer's Record:	
CAF Membership Status		Check #	
☐ Active (currently teaching Latin, Greek, or Humanities)		Date	
☐ Associate (former teacher, friend of the Classics)		Personal	
☐ Retired		School	
Number of years tea	aching Latin in Florida, including this	s year	
Number of years of CAF membership, including this year			
Are you a member of	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

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