

TESOL Macedonia-Thrace MEMBERSHIP APPLICATION

Receipt Number:

Change of Address only:

COMPLETE IN ENGLISH LETTERS ONLY

GROUP SUBSCRIPTION FORM:

Group Name:

Phone:

Name of responsible person for
this group:

1. MEMBER INFORMATION:

Name:

Phone:

Mailing Address / Postal Code:

Please tick one of the following:

New member:

Renewal:

TICK ONE:

I am a:

Teacher

School Owner

Student

I work in a:

Private School

Public School

University

Would you like to receive special mailings from TESOL Macedonia-Thrace
Supporters/Sponsors?

Yes

No

2. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

3. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

4. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

5. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

6. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

7. MEMBER INFORMATION:

Name: -----

Phone: -----

Mailing Address / Postal Code: -----

Please tick one of the following: New member: Renewal:

TICK ONE:

I am a: Teacher School Owner Student

I work in a: Private School Public School University

Would you like to receive special mailings from TESOL Macedonia-Thrace Supporters/Sponsors?

Yes No

Instructions:

1. Pay the subscription fee into our account with EMPORIKI Bank.

The details are:

ACCOUNT NUMBER: 60 - 42 - 61- 21

ACCOUNT NAME: TESOL MACEDONIA - THRACE.

For the deposit reference, please use your name

2. Complete the above form.

3. Fax or post the application form and your receipt of deposit to:

Tesol Macedonia Thrace

4, Vassilisis Olgas Street

GR 54640

Thessaloniki

Greece

Fax: +30 2310 867 142