

# TESOL Macedonia-Thrace MEMBERSHIP APPLICATION

New Member:

Receipt Number:

Renewal:

Change of Address Only:

## COMPLETE IN ENGLISH LETTERS ONLY

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First Name: -----

Family Name: -----

Street Address: -----

City/Country: -----

Postal Code: -----

(Note: you will not receive any mailings without a postal code)

Telephone 1: -----

Telephone 2: -----

E-Mail: -----

### 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