



ALTA Virginia Chapter Membership Application 2020 - 2021

Date: _____

Name: _____

Address: _____

Contact #: home: _____ cell: _____

Email Address: _____

Yes / No Add my name to the ALTA Virginia provider directory.

Yes / No Add my name to the ALTA Virginia closed Facebook members only page.
If yes, please read the media policy set forth by the ALTA National Chapter
and initial here. _____

Yes / No Have you ever had a teaching license, certification, or other license
suspended or revoked? If yes, please briefly explain when and why this
occurred.

Membership Level: CALT CALP Affiliate (check one)

Membership Dues: CALT / CALT \$50.00

Affiliate \$25.00

Payment: Cash / Check Check # _____ Amount \$ _____

Please Save for your Records

ALTA Virginia Chapter Membership Application

CALT / CALP / Affiliate

Name: _____

Date: _____

Amount \$ _____ (due before March 31st annually)

Payment: Cash / Check Check # _____ Amount \$ _____