



ALTA Virginia Chapter Membership Application 2019 – 2020

Date: _____

Name: _____

Address: _____

Contact #: home: _____ cell: _____

Email Address: _____

March 2019-2020 ATLA Membership verified by Virginia Chapter officer: _____

Yes / No Add my name to the ALTA Virginia provider directory. I will submit the necessary image file and information to Susan Louchen, KeyToReading@ymail.com, in the directory format.

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: (check one)

QI/Qualified Instructor of CALT/CALP Instructor of CALP CALT CALP Trainee Affiliate

Chapter Membership Dues: QI, I-CALP, CALT, CALP: \$50.00 Trainee Affiliate: \$25.00

Payment: Cash / Check # _____ Amount \$ _____

-Please Save for your Records -
2019 ALTA Virginia Chapter Membership Dues

CERTIFIED MEMBER **DUE ANNUALLY BY MARCH 31ST** AFFILIATE MEMBER

QI / I-CALP / CALT / CALP: \$50.00 **Trainee Affiliate: \$25.00**

Name: _____ Date: _____

Payment: Cash / Check# _____ Amount \$ _____

Make checks payable to: *ALTA Virginia Chapter*

You may bring your application and payment to the next Virginia Chapter meeting. A mailing address will be posted on the website after the February 24th meeting. Applications will be processed beginning in March, as March 2019-2020 ALTA membership is verified.

To be included in the Virginia Chapter directory, submit your headshot & information, in the directory format, to:
Susan Louchen, KeyToReading@ymail.com .