Florida Association of Latino Administrators and Superintendents

Membership Application

Membership Fee $25.00

Name: _____
First Middle Initial Last

Permanent/Mailing Address:

_____

_____

_____

Home Phone Number

(___) ___-_____

Mobile Phone Number

(___)___-_____

Email Address: _____

May we include you in the FL-ALAS directory? **Yes** **No**

District: _____

Position (Circle One):

Principal Assistant Principal District Administrator

Teacher Other: _____

School/Department: _____

Applicant Signature: _____**Date:** _____

Office Use Only:

Membership # _____ Method of Payment: _____

Receipt # _____ By: _____

Check Payable to: FL-ALAS P.O. Box 452621 Ft. Lauderdale, FL 33345