



FL-ALAS

FLORIDA ASSOCIATION OF LATINO SUPERINTENDENTS AND ADMINISTRATORS

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	