

CDLC MEMBERSHIP APPLICATION

Please fill in the application form below, print it out, and mail it with a check made out to CDLC to

Coalition of Distinguished Language Centers
c/o CDL Services
784 Northridge PMB 293
Salinas, CA 93906

Name _____

Affiliation (optional) _____

Address _____

Email (required for delivery of quarterly newsletter) _____

Member Type

_____ full member (\$20)

_____ teacher

_____ professional language user

_____ independent student

_____ student member (\$10; send copy of student ID)

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