



## Individual Membership Application Form

Title: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Surname: \_\_\_\_\_  
Position/Occupation: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

Area of professional interest/research in applied linguistics:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize AILA to debit my credit card account with the annual fee of US\$26 for three years running:

Type of Credit Card: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete the form and return to: **secretariat@aila.info**