



TAWL GROUP ENROLLMENT FORM

PLEASE COMPLETE THE FOLLOWING:

Group Name:

Name of Contact Person (member of WLU/NCTE):

Street Address:

City/State/Zip Code:

Email:

Phone:

NUMBER OF GROUP MEMBERS (minimum of 5 required): _____

Please enclose a list of the current members of your TAWL group including names, addresses, phone numbers, and email addresses if available.

PAYMENT METHOD: TAWL Group Fee = \$25.00 (US currency only)

____ check or money order made payable to NCTE

____ credit card (complete the following)

Card type (circle one): Visa MasterCard

Card #: _____

Expiration date: _____

Cardholder's signature: _____

Return completed form with payment to:

WLU TAWL Groups
Debbie Zagorski
1111 West Kenyon Road
Urbana, IL 61801-1096



National Council of
Teachers of English