

TAWL Group Enrollment Form



PLEASE COMPLETE THE FOLLOWING BELOW:

Group Name

Name of Contact Person (group's contact person must be a member of WLU & NCTE)

Street Address

City

State

Zip Code

E-mail Address

Area Code / Phone Number

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 e-mail addresses if available.

PAYMENT METHOD: TAWL Group Fee = \$25.00 (U.S. 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: _____

Please return this form with payment to: NCTE / WLU
Attn: Debbie Z.
1111 W. Kenyon Rd.
Urbana, IL 61801-1096