

Membership Application Form

Date:								
	ck one: New	'	Renewal_	Renewal				
Last Name Mailing Address			First Name					
				School				
			_ ()				
City	State	Zip		Hon	ne Phone			
			()				
E-mail Address (if used regularly)				Cell Phone				
Local Council Co			Council #					
	M	embershi _l	p Type and	l Dues (Se	lect one))		
Active - \$50)					\$		
	R in teaching							
	dent \$25							
	;							
Sustaining of	dues for speci	al projects	** (ADD \$1	0)		\$		
					Total	\$		
Payr	ment Method:	Cas	sh	Check # _.				
Payr	ment Date: _		_					

^{**}Sustaining dues are used to support the Iowa Reading Association's International Project. Forms and Dues can be returned to your Local Building Rep, or IA Rdg.Membership Director Julie Anderson, 621 Railroad St., Hull, IA 51239.