



FRA Membership  
P.O. Box 151555  
Cape Coral, FL 33915

www.flreads.org

Check Appropriate Box:  New Member  Renewal

Name \_\_\_\_\_

County \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_

Zip Code + 4 \_\_\_\_\_ Phone \_\_\_\_\_

Occupation:  Elementary Teacher (PreK-5)  Secondary Teacher (6-12)  
 District/School Administrator  College/University Instructor  
 Retired Educator  Student  
 Consultant/Representative  Other \_\_\_\_\_

I am a current member of:  International Reading Association  
 Local Reading Council \_\_\_\_\_

**Referred for membership by a current FRA member? If so, please list both**

**Member's name** \_\_\_\_\_ **Member #** \_\_\_\_\_

The membership year is from July 1 through June 30. Membership applications received after March 1 will become effective immediately and extend through June 30 of the following year.

Membership Type:  Regular \$30.00  
 Retired \$20.00

<input type="checkbox"/> Full Time Student \$20.00
_____ Faculty Sponsor's Signature (Required)
_____ College/University

Additional Option  
 Printed Journals (printed version of the FRJ) \$30.00  
 \_\_\_\_\_ Total

Make checks payable to: **FRA**