



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 Full-time 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

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
	Full Time Student	\$20.00

_____	_____
Faculty Sponsor's Signature (Required)	College/University

Additional Option

Printed Journals (printed version of the FRJ)	\$20.00
	_____ Total

Make checks payable to: **FRA**