



FRA Membership
Post Office Box 12187
Tallahassee, FL 32317-2187
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 _____

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 \$25
 Retired \$10
 Full Time Student \$10

Faculty Sponsor's Signature (Required)

College/University

Make checks payable to: **FRA**

VISA MasterCard Expiration Date: ____ / ____ (month / year)

Card # _____ - _____ - _____ - _____ Signature _____

COMPLIMENTARY MEMBERSHIP (Each local council may award 5 free memberships per year at general council meetings to attendees who are not currently FRA members.)

Signature of Local Council President: _____