

Member Number

Method of Payment

\_\_\_ Cash \_\_\_ Check

## VIRGINIA STATE READING ASSOCIATION 2006-2007 MEMBERSHIP FORM

The VSRA Membership year runs from September 1, 2006 – August 31, 2007

Please print LEGIBLY and provide all information requested to insure that you receive all local council and VSRA mailings.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School Division/University \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Council you are joining \_\_\_\_\_  New Member  Renewing Member

Type of Membership:  Professional  Full-time Student  Para-professional  Retired

I wish to join the Secondary Reading Council for an additional \$5.00

International Reading Association Member?  Yes  No If yes, list IRA Membership # \_\_\_\_\_

Would you like information about the International Reading Association:  Yes  No

Make check of \$35 payable to VSRA and mail to:

Linda Greaver  
VSRA Membership  
210 Silver Leaf Drive  
Christiansburg, VA 24073