

Member Number

Method of Payment

__Cash __ Check

VIRGINIA STATE READING ASSOCIATION 2008-2009 MEMBERSHIP FORM

The VSRA Membership year runs from September 1, 2008 – August 31, 2009

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 _____

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

Return form with check payable to VSRA for \$40:

Linda Greaver

VSRA Membership

210 Silver Leaf Dr.

Christiansburg, VA 24073