



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

School:

School Phone:

Home Address:

City:

State:

ZIP Code:

Home Phone:

E-mail:

Birthday (mm/dd/yy) :

OTHER MEMBERSHIPS

Please check if you are a member of:

Florida Reading Association

International Reading Association

No.

COMMITTEES

Please check if you would be interested in working in A COMMITTEE:

Literacy Award

Nominating

Hospitality

Community Service

Membership

Conference

Publicity

Character Readers

Awards

Signature of applicant:

Date:

Please send check for \$10 and this Registration form to:

**Shannon Barone
LCRC Treasurer
Lee County Reading Council
PO Box 150236
Cape Coral, FL 33915**