

MEMBERSHIP APPLICATION: Nassau Reading Council (Complete both sides of this form & detach)

Name _____

Home Address _____

_____ Zip _____

E-mail _____

School Address _____

_____ ZIP _____

Membership dues:

Regular: \$50. Retired: \$15.

Student: (full time undergraduate) \$15.

New _____ Continuing _____

Make check payable to: Nassau Reading Council

Mail to: Kathleen Conway-Gervais

174 Nassau Blvd., West Hempstead, NY 11552-2218

Date _____

Home Tel. () _____

Business Tel. () _____

() I do not wish to have my name included in
non-organization mailings

Please check your area:

____ Classroom Teacher

____ Reading Teacher

____ Reading Supervisor

____ College Teacher/Basic Skills

____ College Teacher/Teacher Prep

____ Full Time Undergraduate

____ Administrator

IRA Member _____

via so

IRA Number _____

____ Librarian

____ Parent

____ Special Education

____ Education Sales

____ Consultant

____ Retired

____ Other

Exp. Date

10-11

I would be interested in serving on the following committee(s). Please check.

____ Annual Conference

____ Membership

____ Program-NRC/BOCES

____ Author Series

____ Newsletter

____ Young Authors' Contest

____ Books for Babies

____ International Guatemalan Literacy Project

Additional areas of interest or abilities: Please comment. _____
