

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

Name _____

Date: _____

Home Address _____
Zip _____

E-mail _____

Home Tel. () _____

Business Tel. () _____

School Address _____
ZIP _____

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

Membership dues:

Regular: \$50. Retired: \$15.
Student: (full time undergraduate) \$15.
New _____ Continuing _____

Please check your area:

- | | |
|---|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Reading Teacher | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Reading Supervisor | <input type="checkbox"/> Special Educati |
| <input type="checkbox"/> College Teacher/Basic Skills | <input type="checkbox"/> Education Sales |
| <input type="checkbox"/> College Teacher/Teacher Prep | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Full Time Undergraduate | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Other |

Make check payable to: Nassau Reading Council
Mail to: Kathleen Conway-Gervais
174 Nassau Blvd., West Hempstead, NY 11552-2218

IRA Member _____ IRA Number _____ Exp.Date _____
YES NO

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Membership | <input type="checkbox"/> Program-NRC/BOCES |
| <input type="checkbox"/> Author Series | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Young Authors' Contest |
| <input type="checkbox"/> Books for Babies | <input type="checkbox"/> International Guatemalan Literacy Project | |

Additional areas of interest or abilities: Please comment. _____

