



First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_  
School/College Name \_\_\_\_\_ District \_\_\_\_\_

Area of Emphasis (please check one)

Early Childhood       Middle/Jr. High       Community College  
 Primary       High School       College/Univ  
 Intermediate       Other: *(please list)* \_\_\_\_\_

Position (please check one)

Classroom Teacher       Librarian       Administrator  
 Reading Teacher       College Faculty       Student  
 Spec. Ed. Teacher       State Department  
 Literacy Coach       Other: *(please list)* \_\_\_\_\_

Dues

State:  regular (\$8)  full-time student (\$4)  retired member (\$4)      State Dues: \_\_\_\_\_  
Local Council: (if applicable) \_\_\_\_\_ Local Dues: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

I am a:  new member  renewing member.

Are you a member of the International Organization?  YES  NO

IRA member # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give this form to your local council membership chair (when applicable). If you do not know who the membership chair is for your local council, please email Diana (see below). If you are joining at the state level but do not belong to a local council, please send this membership form and dues (payable to MSC-IRA) to:

Diana Houle, Interim State Director of Membership  
3195 W High Point St.  
Springfield, MO 65810  
dianahoule@gmail.com