



**Missouri State Council
International Reading Association
www.missourireading.org**

**Membership Application
(please print all information)**

Local council: NORCO - 28400

(Please note: blanks followed with a * **must** be filled in for entering on the website membership roster.)

First Name _____ *** Initial** _____ *** Last Name** _____ *

E-mail address _____ *

Address _____ *** City** _____ *

State _____ *** Zip Code** _____ *** County of Residence** _____ *

Home Phone # _____ *** Work Phone #** _____ *

International Membership Number (if a member) _____

College/School Name _____ **School District** _____

County _____ (for the school—if retired, county of residence)

Area of Emphasis (please check one) ___ **Early Childhood**, ___ **Primary**,
___ **Intermediate**, ___ **Middle School/Jr. High**, ___ **High School**,
___ **Community College**, ___ **College/Univ.**, ___ **Other**

Position (please check one) ___ **Regular Classroom Teacher**, ___ **Reading Teacher**,
___ **Administrator**, ___ **Librarian**, ___ **College Faculty**, ___ **Student**,
___ **State Department**, ___ **Paraprofessional**, ___ **Special Education Teacher**,
___ **Other**

Type of membership: ___ **regular member**, ___ **full-time student**, ___ **retired member**

I am a _____ **new member**, _____ **renewing member**. **Local council dues:** \$15 _____

Give this form to your local council membership director: Lorie Green (lgreen@liberty.k12.mo.us)

**If you have any questions, please contact your local council membership director
or e-mail Barbara Hiles, State Director of Membership Development (bhiles24@msn.com).**