

LOMCIRA Membership Application

Name: _____

Address: _____

City/town: _____ Postal Code: _____

School and District: _____

Work Phone #: _____ Fax #: _____

Home Phone #: _____ Email: _____

Would you be interested in being the contact person at your school to ensure that your staff is aware of council events and that publicity is posted? Yes No

Interest Area(s)

primary Intermediate Middle Secondary

University Other: _____

Are you currently a member of the IRA (International Reading Association?)

Yes No

If yes, what is your membership number? (Look on your membership card, or the address label on Reading Today.) _____

Would you be interested in being the contact person at your school to ensure that your staff is aware of LOMCIRA events and that the publicity received at the school is posted? Yes No

I would like to become a member of LOMCIRA. Enclosed is a cheque for:

\$20.00 (for one year membership)

\$15.00 for full time student.

Or take advantage of our "Special":

\$35.00 ~ Two year membership, for one person.

Please send this form and a cheque made payable to:

LOMCIRA
4900 96th St.
Delta, BC
V4K 3N3