

LOMCIRA Membership Application

Name: _____

Address: _____

City/town: _____

Postal Code: _____

School District: _____

School: _____

Work Phone #: _____

Fax #: _____

Home Phone #: _____

Email: _____

Area of Interest Area(s)

Primary Intermediate Middle Secondary

University Other:

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

Yes No Membership # _____

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

\$20.00 (for one year membership)

\$15.00 for Student Teachers – University - _____

Name of Faculty Associate / Supervisor: _____

Or take advantage of our "Special":

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

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'm interested in getting involved as a volunteer on a committee Yes No

Please send this form and a cheque made payable to:

LOMCIRA

572 Carmen Court

Coquitlam, B.C. V3J 6P5