

<h1>LOMCIRA</h1> <h2>Membership Application</h2>
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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 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 cheque made payable to:

LOMCIRA

11238 Stewart Place,
Delta, B.C. V4E 2J1