



ASLA Membership Application

- New Member
- Renewal

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

School _____

- | | |
|--|---|
| <input type="radio"/> Elementary Teacher | <input type="radio"/> Special Education Teacher |
| <input type="radio"/> Middle/High Teacher | <input type="radio"/> Reading Specialist |
| <input type="radio"/> Secondary Teacher | <input type="radio"/> Paraprofessional |
| <input type="radio"/> Retired Educator | <input type="radio"/> Administrator |
| <input type="radio"/> Parent or Community Member | <input type="radio"/> Librarian |

LOCAL COUNCIL/STATE MEMBERSHIP

As a member of ASLA you are automatically a member of your local council

ANNUAL DUES (From date of application)

- \$25 Cook Inlet Literacy Council (Anchorage Area)
- \$25 Golden Heart Reading Council (Fairbanks Area)
- \$25 Juneau-Haines Reading Council
- \$25 Ketchikan Reading Association
- \$25 Kenai Peninsula Reading Councils
- \$25 Kodiak Reading Councils
- \$25 Nome Literacy Councils
- \$25 Top of the World Literacy Council (North Slope Borough)
- \$25 Valley Reading Association (Mat-Su Area)
- \$25 Valdez Literacy Council
- \$15 Member At Large (not affiliated with a council)
- Student Member – one half of applicable dues

Current International Reading Association Member?

Yes IRA MEMBERSHIP # _____

No **Visit the International Reading Association at www.reading.org**

**Please send a copy of this completed form with check made out to ASLA
mail to:**

ASLA, Attn: Membership Director, PO Box 212596, Anchorage, AK 99521