



MISSOURI STATE COUNCIL
of the
INTERNATIONAL READING ASSOCIATION

State and Local Council Membership Form

Local council _____ Council Number _____

First Name _____ Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Home Phone # _____ Work Phone # _____

School/College Name _____ School District _____

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 _____ Special Education Teacher _____ Literacy Coach _____

Other _____

Type of membership: _____ regular _____ full-time student _____ retired member

I am a _____ new member _____ renewing member.

Are you a member of the International Organization? Yes _____ No _____

IRA member # _____ Expiration Date _____

(on mailing label of journal)

Give this form to your local council director. If you have any questions, please contact your local council membership director or e-mail Barbara Hiles, State Director of Membership Development (membership@missourireading.org). If you do not know who the membership director is at your local council, please e-mail Barbara at the above e-mail address and she will give you their name and address.