Date: _____
(for council use only)

NORTH DAKOTA READING ASSOCIATION
MEMBERSHIP APPLICATION

NAME _____
First MI Last

ADDRESS _____
Street/PO

_____
City State 9-digit ZIP

WORKPLACE _____

PHONE H (___)_____ W (___)_____

How would you like to receive the NDRA Newsletter, Prairie Reader?
Online only **Paper only**

email address required:

Highest Degree Earned:

Please check: Position :
___New Member (1st year)
___Renewing Member
___Changes or corrections are noted above from previous data

___Building Representative
Name of
Local
Council_____Council #_____

FEES: LOCAL COUNCIL **$** 5.00
NDRA (STATE) $ 10.00 [Special student rate:
TOTAL $ 15.00 $5 TOTAL]
For local/NDRA membership, please write check to your local council.

Are you an IRA member?_____ **IRA number :_____**
You may also join IRA at this time by connecting to: expiration:
www.reading.org
International Reading Association website to select membership, journals, etc.