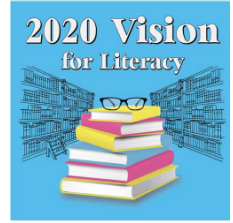




# SCIRA Membership Application

MEMBERSHIP EFFECTIVE until JUNE 30, 2020



Name \_\_\_\_\_  
Last First Middle Initial

\_\_ please check if name changed this year, and if so, give previous name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street

City State Zip Code  
Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

E-mail address (work) \_\_\_\_\_

E-mail address (home) \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Local Council Affiliation \_\_\_\_\_ Reading Council

**Indicate your primary position:**

- (E) Elementary/Primary School  (M) Middle/Intermediate/Junior
- (H) High School/Alternative  (MS) Media Specialist  (C) Coach/Interventionist
- (A) Administrator/DO  (AL) Adult Literacy  (HE) Higher Ed  (ST) Student
- (O) Other \_\_\_\_\_ (please list)

**Check one:**

\_\_\_\_ Renewing Member    \_\_\_\_ New Member    Membership \$15.00  
Are you a member of ILA? \_\_\_\_ yes \_\_\_\_ no    ILA Membership # \_\_\_\_\_

*Mail this completed application with a check payable to SCIRA*  
**Director of Membership Development**  
**Jean B. Brewington**  
**P O Box 267**  
**Glendale, SC 29346**

Office Use Only	
Accepted by _____	Date Received ____/____/20__
Cash _____	Check # _____
Vendor _____	PayPal _____
	Entered into database _____