

WSRA FULL-TIME UNDERGRADUATE STUDENT MEMBERSHIP APPLICATION/RENEWAL

Today's Date _____

First Name _____ Initial ____ Last Name _____

Home Address _____

City _____ State _____ Zip +4 _____

Cell Phone (_____) _____ E-mail _____

School Attending _____

Professor's Signature _____

Are you a member of the International Literacy Association? Yes No

Are you a member of a local reading council? Yes No If yes, check name(s)

Access information about local reading councils at <http://www.wsra.org/councils>

Submit your self-nomination to join a committee at

<http://www.wsra.org/committees-task-forces>

Renewal _____ WSRA Membership Number New

Membership is for one year from the date of joining. Dues may be tax deductible. Some of the information provided will be in the WSRA Membership Directory.

<input type="radio"/> Ashland Bayfield Counties	55045
<input type="radio"/> Central Wisconsin	55050
<input type="radio"/> Door County	55075
<input type="radio"/> Eau Claire	55100
<input type="radio"/> Fox Valley	55125
<input type="radio"/> Greater Bayland	55150
<input type="radio"/> Headwaters	55200
<input type="radio"/> Hidden Valley	55210
<input type="radio"/> Interlake	55250
<input type="radio"/> Lake Superior	55300
<input type="radio"/> Madison Area	55350
<input type="radio"/> Mid-East Area	55400
<input type="radio"/> Midwest Wisconsin	55450
<input type="radio"/> Milwaukee Area	55500
<input type="radio"/> Muirland	55512
<input type="radio"/> Northeast Wisconsin	55525
<input type="radio"/> Northwest Wisconsin	55550
<input type="radio"/> Racine-Kenosha	55750
<input type="radio"/> Rock River	55825
<input type="radio"/> St. Croix Valley	55800
<input type="radio"/> South Kettle Moraine	55850
<input type="radio"/> Southern Lakes	55860
<input type="radio"/> Washington Ozaukee	55875
<input type="radio"/> Waukesha County	55900
<input type="radio"/> Wis. Professors of Reading	56703
<input type="radio"/> Wolf River	55950



Visit www.wsra.org/membership-application to join or renew and pay by credit card to expedite your membership benefits or mail your **\$10** check with this form payable to WSRA at
WSRA 6964 N Lincolnshire Cir. Milwaukee, WI 53223

WSRA OFFICE USE

_____ Check number

_____ Date received by WSRA