

North Sound Reading Council Membership Application for the 2009-2010 Academic Year

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Employed educators:

Full time students:

District: \_\_\_\_\_

School: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Position: \_\_\_\_\_

Predicted Graduation Year: \_\_\_\_\_

Membership:

**\$25 — regular membership**

or

**\$15— associate membership**

(fulltime students, para-educators, substitute teachers, non-contracted teachers and retired educators)

Check one:

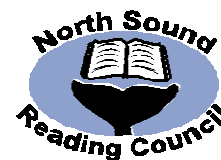
I'm a new member

I was a member last year.

I was a member more than a year ago.

Make checks payable to:

“North Sound Reading Council”



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Employed educators:

Full time students:

District: \_\_\_\_\_

School: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Position: \_\_\_\_\_

Predicted Graduation Year: \_\_\_\_\_

Membership:

**\$20 — regular membership**

or

**\$10— associate membership**

(fulltime students, para-educators,  
substitute teachers, non-contracted  
teachers and retired educators)

Check one:

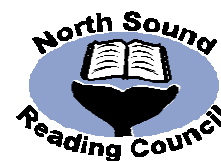
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Mail this membership  
application form to:

NSRC

1777 S. Burlington Boulevard,  
Suite 465

Burlington, WA 98233