



Oregon Reading Association Membership Application

I would like to join renew a membership in the ORA and EERC. I have enclosed a check in the amount of \$15. Check here if you are an IRA member.

Name: _____ Date _____

Address _____

City/State _____ Zip: _____

Phone (Home): (____) _____ (Work): (____) _____

Local Council: Emerald Email: _____

School District: _____ School: _____

Please Indicate

Classroom teacher:	Other:
<input type="checkbox"/> Elementary	<input type="checkbox"/> Title I/SPED
<input type="checkbox"/> Middle/Jr. High	<input type="checkbox"/> Administration
<input type="checkbox"/> Secondary	<input type="checkbox"/> _____

Make checks payable to EERC
Send application and dues to:

Barbara McKillip
EERC Treasurer
PO Box 10246
Eugene, OR 97440

(Your cancelled check is your receipt)