



Oregon Reading Association Membership Application

Please Indicate

Name: _____ Date _____

Address _____

City/State _____ Zip: _____

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

Local Council: _____ Email: _____

School District: _____ School: _____

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

Note: If you don't know your local council, just leave it blank.
Local councils are listed on our website: www.oregonread.org.

Make checks payable to ORA
Send application and dues
to your local council or:

Dennis Hickey
ORA Membership Director
PO Box 12
Maupin, OR 97037

(Your cancelled check is your receipt)