**Gilbreath Reading Association**

**Treasurer Information**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle one**: Cash Check #\_\_\_\_\_\_\_

**#47100 Membership Application, 2017-18**



**DEMOGRAPHIC INFO**

**Race/Ethnicity** \_\_\_Hispanic or Latino \_\_\_Asian \_\_\_American Indian or Alaska Native \_\_\_Black or African American

\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White \_\_\_I choose not to provide this info

**Gender**  \_\_\_Male \_\_\_Female \_\_\_I choose not to provide this info

**Age**  \_\_\_<25 \_\_\_25-34 \_\_\_35-44 \_\_\_45+ \_\_\_I choose not to provide this info

**Occupation**  \_\_\_ Teacher \_\_\_ Administrator \_\_\_ Teacher Asst \_\_\_ Student \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area**  \_\_\_Rural \_\_\_Suburban \_\_\_Urban \_\_\_I do not currently teach

**Education** \_\_\_HS or equivalent \_\_\_Assoc \_\_\_BS or BA \_\_\_Master’s \_\_\_EdS \_\_\_EdD or PhD

**Member Information:**

Name: (last) (first) (mi)

Street Address:

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

Telephone: ( ) - E-mail Address:

*Please print clearly*

School: Position/Subject:

***Choose one:***

New Member

Renewal

Student

**-------------------------------------------**

**ILA Member:** Y or N

ILA #

ILA Exp. Date \_\_\_\_\_\_\_\_

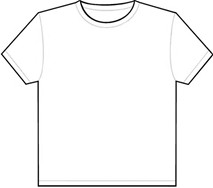
**DUES**

Gilbreath $ 10.00

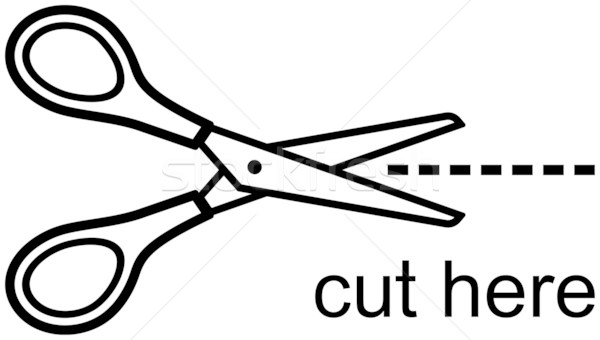
TRA $ 15.00

**Total Dues: $ 25.00**

*\*STUDENTS PAY $20*



Membership includes the bi-annual edition of The Tennessee Reading Association’s online journal, ***The Literacy Teacher.***

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**Gilbreath Member Receipt**

***Membership July 01, 2017-June 30, 2018***