

**IOWA READING ASSOCIATION
2024-2025 MEMBERSHIP AND DUES REPORT**

Date: _____ Council: _____

Local Membership Director: _____

of Local Council Members _____ X \$40.00 = \$ _____

of Student Members _____ X \$15.00 = \$ _____

of Retired Members _____ X \$15.00 = \$ _____

of 1st Year Teachers _____ X \$ 0.00 = \$ 0.00

of Membership Certificate Awards _____ X \$ 0.00 = \$ 0.00

Total Members _____ **Subtotal** = _____

of Sustaining Fees* _____ X \$10.00 = \$ _____

Final Total = \$ _____

*List names of any sustaining members: _____

Send this form, membership forms and check to:
Iowa Reading Association
Julie Anderson, Membership Director
621 Railroad St.
Hull, IA 51239

Do not write below this line. For office use only.

Date _____ Check # _____ Name _____

Received from _____ Council

_____ Local Council Members = _____

_____ Student Members = _____

_____ Retired Members = _____

_____ 1st Year Teachers = _____

_____ Membership Certificates = _____

_____ Sustaining Fees = _____

Final Total = _____

Signed _____