**MEMBERSHIP FORM - Specialized Literacy Professionals**

\_\_\_\_\_\_\_ $10.00 (one year) \_\_\_\_\_\_\_ $ 15.00 (two years) \_\_\_\_\_\_\_ $ 30.00 (four years)

Please complete the below form as completely as possible; be sure to include your **email address** and **IRA number**.

Please make out the check to **Specialized Literacy Professionals** and mail it along with the form to:

**Dr. Wolfram Verlaan**

**411 Sherwood Dr. SE**

**Huntsville, AL 35802**

**Please share copies of this form with others who might be interested. Contact Dr. Verlaan for any questions regarding membership (litprofmembership@gmail.com)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRA Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_