



2018-2019 NIAGARA FRONTIER READING COUNCIL

An ILA Honor Council

Council # 35575



Membership has its privileges!

- * Reduced fees for NFRC Fall Conference and Brunches
- * Complimentary membership in the New York State Reading Association (NYSRA)
- * NFRC E-Newsletter *Spotlight*
- * Reduced registration at NYSRA Conference
- * Mini-Grant Opportunities
- * Professional Networking
- * Professional Development and Book Discussion Group

Membership Application September 1, 2018 - August 31, 2019

Register online: www.theNFRC.org

OR

Mail completed form with your check, payable to NFRC, to:
Carol Bush 57 Minard St. Lockport, NY 14094

Sorry... Unfortunately, Canadian checks cannot be accepted, checks or money orders in U.S. funds only.

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone: _____

E-Mail Address _____

School/District/University _____

Position _____ Level _____

(Elementary, Secondary, Post-Secondary)

Are you a current member of the International Literacy Association?

Yes ILA member # _____

No (Visit www.literacyworldwide.org to become a member!)

PLEASE CHECK APPROPRIATE REGISTRATION BOXES BELOW.

Professional Membership \$35.00 NFRC Past President Complimentary

Student Membership* \$30.00 First-year Teaching Professional* Complimentary

* Full-time students only. Please submit attached form with copy of school ID card.

* Submit attached form indicating appointment to full-time probationary position. (Long-term sub, change in district grade levels, etc. not eligible.)

TOTAL AMOUNT ENCLOSED \$ _____



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First-Year Teacher: _____

Position: _____

School District: _____

I acknowledge that the teacher listed above has been appointed to his/her first full-time position in this school district. I understand that in order to receive a complimentary membership to the Niagara Frontier Reading Council, the position must be a full-time probationary position. Long-term substitute teaching, changes in school districts, buildings, and/or grade levels are ***not*** included in this offer.

Administrator's Signature: _____

Administrator's Title: _____

Date: _____



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Full-Time College Student's Name: _____

Degree Program: _____

College/University: _____

I acknowledge that the student named above is full-time college student at the college or university where I teach.

Instructor Signature: _____

Instructor's Title: _____

Date: _____

Please Note: In addition to this signed letter, the full-time college student must include a copy of his/her current and valid college identification card to be eligible for the student membership rate.