



MISSOURI STATE COUNCIL of the IRA
www.missourireading.org

State and Local Council Membership Form

Local Council _____ Council # _____

First Name _____ Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Home Phone _____ Business Phone _____

School/College Name _____ School District _____

Position _____

Type of membership: _____ regular member, _____ full-time student _____ retired member
(MSC dues \$8.00) (MSC dues \$4.00) (MSC dues \$4.00)

I am a _____ new member **or** _____ renewing member.

Are you a member of the IRA? Yes _____ No _____

IRA member # _____ **Expiration Date** _____
(on mailing label of journal)

Give this form to your local council membership chair (when applicable). If you do not know who the membership chair is for your local council, please email Barbara at the following email address: bhiles24@msn.com. If you are joining at the state level but do not belong to a local council, please send this membership form and dues (payable to MSC-IRA) to Barbara Hiles, State Director of Membership Development at the following address:

**312 SE Gingerbread Lane
Blue Springs, MO 64014**