

Application for Membership in the Organization of Teacher Educators in Reading

Name Dr. Mr. Mrs. Ms. _____

Title _____

Institution _____

Institution Address _____

City _____ State _____ Zip _____

Phone: Office (_____) _____ Home (_____) _____

Fax (_____) _____ E-mail _____

Home Address _____

City _____ State _____ Zip _____

Preferred Mailing Address: Office Home

Areas of professional expertise, research, and publications _____

Journal topics of interest _____

Membership in the International Reading Association is required.

Membership applications will not be accepted from non-IRA members.

I.R.A. Membership Number: _____ I.R.A. Expiration Date: _____

OTER Membership: Renewal New Member *(Yearly membership begins upon receipt of dues.)*

1 Year Membership: \$15 USD Single \$20 USD Canada & International \$25 USD Institutions

Please make check payable to **Organization of Teacher Educators in Reading**
and send to:

OTER Membership
Journal of Reading Education
4202 East Fowler Avenue EDU162
Tampa, FL 33620-5650

Total Check Amount:

\$