

## TxCRLA Membership Application Form

New Member       Membership Renewal

Name (Dr., Mr., Ms.) \_\_\_\_\_

Title/Discipline \_\_\_\_\_

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_

City/State/ZIP+4 \_\_\_\_\_

Home Address\_(optional)\_\_\_\_\_

City/State/ZIP+4\_\_\_\_\_

Work Phone \_(\_\_\_\_)\_\_\_\_\_ Alternate Phone \_(\_\_\_\_)\_\_\_\_\_

E-Mail \_\_\_\_\_

FAX \_(\_\_\_\_)\_\_\_\_\_

Make check payable to Texas College Reading Learning Association in the amount of \$10 for state membership only. Mail the above information and check to the membership chair at the following address:

Kathy Stein, TxCRLA Membership  
Sul Ross State University  
Box C-132 400 N. Harrison St.  
Alpine, TX 79832