

WSRA MEMBERSHIP RETIRED EDUCATOR**APPLICATION/RENEWAL**

Today's Date _____

First Name _____ Initial __ Last Name _____

Home Address _____

City _____ State _____ Zip +4 _____

Cell Phone (____) _____ Home Phone (____) _____

Home E-mail _____

Previous Place of Employment _____

Are you a member of a local reading council? (circle) Yes No If yes, check name(s) -

Access information about local reading councils at <http://www.wsra.org/councils>Submit your self-nomination to join a committee at <http://www.wsra.org/committees-task-forces> Renewal New

Membership is for one year from the date of joining. Dues may be tax deductible. Some of the information provided will be in the WSRA Membership Directory.



Visit www.wsra.org/membership-application to join or renew and pay by credit card to expedite your membership benefits or mail your **\$25** check with this form payable to WSRA at

WSRA 6964 N Lincolnshire Cir Milwaukee, WI 53223

- Ashland Bayfield Counties
- Central Wisconsin
- Door County
- Eau Claire
- Fox Valley
- Greater Bayland
- Headwaters
- Hidden Valley
- Interlake
- Lake Superior
- Madison Area
- Mid-East Area
- Midwest Wisconsin
- Milwaukee Area
- Muirland
- Northeast Wisconsin
- Northwest Wisconsin
- Racine-Kenosha
- Rock River
- St. Croix Valley
- South Kettle Moraine
- Southern Lakes
- Washington Ozaukee
- Waukesha County
- Wis. Professors of Literacy
- Wolf River

WSRA OFFICE USE

_____ Check number

_____ Date received by WSRA