



Alpha Upsilon Alpha Honor Society of the International Literacy Association

MEMBERSHIP APPLICATION

Faculty or Alumni Members

Membership in Alpha Upsilon Alpha requires that an individual also be a member of the International Literacy Association.

Contact Information

FIRST NAME:		INITIAL:	LAST NAME:	
MAILING ADDRESS:				
ADDRESS LINE 2:				
CITY:	STATE/ PROVINCE:	COUNTRY:	ZIP CODE/ POSTAL CODE:	
EMAIL:		PHONE:		
CHAPTER:		ADVISOR NAME:		
COLLEGE OR UNIVERSITY:				

Dues and Membership Options

SOCIETY DUES: \$12.00 \$ _____

ILA DUES:

- I am currently an ILA member. My membership number and expiration date: _____
- I am joining ILA. I have indicated my choice of membership below by checking Journal or Regular Membership.

CHECK MEMBERSHIP SELECTION:

- Regular Membership \$54.00 \$ _____
- Regular Membership with any ONE journal \$84.00 \$ _____
- Regular Membership with any TWO journals \$114.00 \$ _____
- Regular Membership with any THREE journals \$144.00 \$ _____

CHECK JOURNAL SELECTION:

- The Reading Teacher*
For educators of students up to age 12
- Journal of Adolescent & Adult Literacy*
For educators of older learners
- Reading Research Quarterly*
The leading journal of literacy research

TOTAL AMOUNT DUE: \$ _____

Method of Payment

Amounts are quoted in U.S. dollars and must be paid in U.S. funds.

- CHECK # _____ MADE PAYABLE TO ILA
- VISA MASTERCARD AMEX DISCOVER CREDIT CARD NUMBER _____ CVV CODE _____ EXPIRATION DATE _____

CARDHOLDER SIGNATURE _____

CARDHOLDER NAME AS IT APPEARS ON CREDIT CARD _____

SEND THIS FORM WITH PAYMENT:

- By **MAIL** with check to the International Literacy Association, PO Box 8139, Newark, DE 19714-8139
- By **EMAIL** with credit card payment to chapters@reading.org
- By **FAX** with credit card payment to 302.737.0878, Attention: Chapters Administrator