Alpha Upsilon Alpha Honor Society
of the International Literacy Association

MEMBERSHIP APPLICATION

Student Members—Undergraduate and Graduate

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:

☐ Student Membership .... $39.00 $_____

☐ Student Membership with any ONE journal .... $57.00 $_____

☐ Student Membership with any TWO journals .... $75.00 $_____

☐ Student Membership with any THREE journals .... $93.00 $_____

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: Chapter Administrator