



Membership Form

Individual Contact _____

Organization _____

City, State, Zip _____

County _____

Phone _____

Fax _____

Email _____

Membership Dues Enclosed:	_____
Individual (\$45)	_____
Contribution Enclosed	_____
Total Enclosed	_____

Please send check to:
Indiana Literacy Association
9445 Indianapolis Blvd. #1000
Highland, IN 46322