

Long Island Language Arts Council Membership Form



One-Year Membership Fee:
7/1/2010-6/30/2011

\$30 for teachers, professors, and administrators
\$15 for student teachers, undergraduate students, graduate students, and retirees. *All students must include copy of student ID.*

Payment must be in the form of a personal or district check. We cannot accept purchase orders or credit cards.

LILAC Use Only

New _____
Renewal _____
Check Dated _____
Check # _____
Amount \$ _____
Member # _____
Card Mailed _____



The information requested below is for LILAC use only. In December, when our bylaws dictate that we publish our membership list, only your name, position and school district will be published. All correspondence will be sent to the home address listed unless you indicate otherwise.

Name	
Title/Position and Grade Levels	
School District / University	
School Building and Address	
Home Address	
Phone and Email Contacts	Email: _____ (h) _____ (w) Phone: _____ (h) _____ (w)

I would be interested in becoming involved in the following: (Please Check)

___ Conference Committee 2010 ___ Newsletter ___ Gambone Writing Contest Committee

Member feature:
Please use your membership number on all correspondence. Thank you!

Please send this form with a check made out to LILAC to:
Karen Meier
LILAC Membership Chair
21 Helen Avenue
Plainview, New York 11803

Thank you for joining LILAC. Your membership shows your commitment to English Language Arts instruction and the spirit of collegiality and ongoing professional growth. We welcome all educators.

If you have any questions regarding your membership, please contact Karen Meier, Membership Chair, at kar18@aol.com.

This form may be photocopied for others who wish to join.