Long Island Language Arts Council
Membership Form

www.lilac.ws

One-Year Membership Fee:
7/1/2009- 6/30/2010

$30 for teachers, professors, and administrators

$15 for student teachers, undergraduate students, graduate students, and retirees

Please be advised that your payment must be in the form of a personal or district check, made out to LILAC. We cannot accept purchase orders or credit cards.

LILAC Use Only

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

Name	
Title/Position and Grade Levels	
School District / University	
School Building and Address _____	
School Phone Number and Email Address	Phone _____ P __ DNP ___ Email _____ P __ DNP ___
Home Address _____	
Home Phone Number and Email Address	Phone _____ P __ DNP ___ Email _____ P __ DNP ___
Preferences	Please indicate the mailing address you wish us to use for all correspondence by making a check on each line above. Please indicate by checking P (publish) or DNP (do not publish) to indicate which, if any, of your email addresses and/or phone numbers you would like printed in our annual publication of our membership list in December.

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

___ Conference Committee 2010 ___ Newsletter

___ Kenneth F. 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 to the spirit of collegiality and ongoing professional growth. We welcome all educators, K-16.

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.