

LiteracyAction Network

2010 Membership

Name: _____

Consortium/Organization: _____

Job Title (if applicable): _____

Address: Where should mail be sent? Work or Home

Work Address: _____

Home Address: _____

Phone: _____

Email: (please print): _____

Note: All correspondence for Literacy Minnesota is conducted via e-mail.

COMMITTEE PARTICIPATION:

Please check the committee(s) that you would like to join.

- | | |
|--|--|
| <input type="checkbox"/> Legislation
<i>Dedicated to developing legislative and administrative policy recommendations through consensus, collaboration and the sharing of information.</i> | <input type="checkbox"/> Professional Issues
<i>Works to identify, research, and analyze important issues and concerns that are of interest to Adult Basic Education instructors.</i> |
| <input type="checkbox"/> Membership/Marketing
<i>Organizes membership drives to increase membership and promotes the benefits of Literacy Minnesota to members and potential members.</i> | <input type="checkbox"/> Volunteer Issues
<i>Tracks current trends and needs that are important to the field of adult literacy volunteer coordination and disseminates information that will assist volunteer coordinators.</i> |
| <input type="checkbox"/> Summer Institute Planning
<i>Plans ABE Summer Institute held annually in August. Sub-committees include hospitality, marketing, program planning, and technology.</i> | <input type="checkbox"/> Finance – NEW!
<i>Literacy Minnesota events and meetings are posted on the Literacy Action Network website: http://www.literacyminnesota.org/events.html</i> |

MEMBERSHIP CATEGORY:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> \$125 | Organizational -- 5 voting members *\$25 each additional member
<i>Please attach list of members, job title, email, and committee participation.</i> |
| <input type="checkbox"/> \$95 | Combined MCEA/Literacy Minnesota |
| <input type="checkbox"/> \$35 | Individual |
| <input type="checkbox"/> \$20 | Part-Time Teacher (employed 1-19 hrs/wk) |
| <input type="checkbox"/> \$15 | Community Advocate or Volunteer |
| <input type="checkbox"/> \$15 | College Student |
| <input type="checkbox"/> \$1 | ABE Student |

Please return application and check or purchase order to:

Literacy Minnesota
756 Transfer Rd.
St. Paul, MN 55114-1404

Fax: 612-605-2121
Phone: 952-457-7162

www.literacyminnesota.org