California Readers

Membership Form

January – December

Membership must be for a specific person, not a school

PLEASE PRINT

Name:_____

Address:_____ City :_____

State:_____ Zip code:_____ e-mail:_____

School/Business: _____

Phone:(____)_____-_____Fax:(____)_____-_____

Address: _____ City:_____

State: _____Zip Code: _____Website:_____

Annual Membership: $21.00 + Donation to Tribute Fund: $ _____

(OPTIONAL)

Amount enclosed: $ _____

Check one: ( ) Renewal ( ) New

( ) Author/Artist ( ) Educator/Librarian ( ) Business Rep. ( ) Other_____

Make checks payable and mail to:

California Readers

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