



# ProLiteracy®

## INDIVIDUAL MEMBERSHIP REGISTRATION

Name:		
Mailing Address:		
City:		
State/PR:	Zip/PC:	Country:
Home Phone:		
Mobile Phone:		
Work Phone:		
Preferred Phone (check one): <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work		
Personal Email*:		
Work Email*:		
Preferred Email (check one): <input type="checkbox"/> Personal <input type="checkbox"/> Work		
<small>*An email address is required to receive certain benefits such as monthly e-newsletter. Providing your email means you are consenting to receive email from us related to your membership.</small>		

<b>Role in Literacy or ABE Organization/Program</b> (check one only please, based on your <i>primary</i> role):	
<input type="checkbox"/> Instructor – Paid	<input type="checkbox"/> Instructor – Volunteer
<input type="checkbox"/> Administrator	<input type="checkbox"/> Program Manager
<input type="checkbox"/> Other	
<i>If "Other" checked, please specify your role below:</i>	

### PAYMENT INFORMATION

<b>TOTAL AMOUNT: \$34.00</b>		
<input type="checkbox"/> Check Enclosed	Check #:	
Charge dues to credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card #:	Expiration Date:	CSV (3-4 digits):
Name as it appears on card:		
Mailing Address of Card Holder (if different from above)		

Signature:

**Send form with payment to:** ProLiteracy Membership Dept., 308 Maltbie St, Suite 100, Syracuse, NY 13204.  
**Questions?** Email us at [membership@proliteracy.org](mailto:membership@proliteracy.org)