MEMBERSHIP FORM

PLEASE PRINT

Name: _____ **Position:** _____

School _____ **Grade Levels** _____

District: _____

Address: _____
Street

_____
City State Zip

Contact Phone #: (____)_____ e-mail address: _____
area code

PCL Partner Site: _____ yes _____ no

Please return the membership form to: Network of Literacy Administrators, Center for Literacy, Dickinson Hall University of Arkansas - Little Rock, 2801 S. University Ave, Little Rock, AR 72204 or fax to: 501-569-8516.

Please visit the arliteracymodel.com website for information about becoming a Partnerships in Comprehensive Literacy site.