



The Literacy Connection Membership Registration

Please Print:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

email address: _____

School: _____

District: _____

Position: _____

School Phone:(_____) _____

Please check one: renewal _____ initial membership _____

Please return this form with \$15.00 to:

The Literacy Connection
c/o Kathleen Taps
3838 Lakedale Dr
Hilliard, OH 43026

Make checks payable to The Literacy Connection. Prepaid purchase orders only.