

Membership Form 2011-12

Long Island School Public Relations Association

Member Name _____

Representing School District(s) _____

Firm name and districts represented _____

Address _____

Phone _____ Fax _____

Email Address _____

Today's Date _____.

Membership is \$50. per individual, per school year, and sometimes includes lunch during regularly-scheduled noon sessions. Student memberships are \$15 each. Institutional memberships are \$50 and include one contact person to be listed in the LISPRA Directory and to be placed on the LISPRA Networking List (each additional representative to be listed will be charged the annual dues).

Are you interested in taking an active role in LISPRA: Yes _____ Not at this time _____.

List programs/subjects you'd like to see presented during this year's LISPRA meetings: _____

Please return this form, with your check made payable to LISPRA, to:
LISPRA Treasurer Susan Orr Checkla
5 Richmond Ave.
Jericho, NY 11753

