

Keystone State Reading Association

Membership Plan

Due: September 30

Council Name: _____

Council Membership Chairperson: _____

Address: _____

Phone: _____ **E-Mail:** _____

Description of Membership Campaign

Target Audience:

Objectives:

Council Membership Fees:

Procedures:

Anticipated Outcomes:

Current Membership Total: _____

Date Submitted: _____

FOR KSRA USE ONLY

POSTMARKE DATE: _____

DATE RECEIVED: _____

Return to:
Connie S. Unger
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