



SCALE Membership Form

Once you are ready to select a membership, please complete this membership form and return it to SCALE by mail or fax (see contact information at bottom). Please feel free to call or write with any questions. And thank you for joining SCALE!

Date: _____

College/University: _____

Literacy Program Name: _____

Brief Program Description: _____

Contact Person's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Program website: _____

Membership Level Requested (please check one):

Basic Membership
(\$250 per year)

One-Training Membership
(\$500 per year plus travel)

Two-Training Membership
(\$1000 per year plus travel)

Have you identified possible training dates? (if applicable): _____

Possible / Anticipated Training Topics (if applicable): _____

Why have you chosen to become a SCALE member?: _____
