2024 Iowa Literacy Council/COABE/ProLiteracy Membership Form



Organization Name:





\$300

\$700

\$1,200

Submit a check or a purchase order with this form to:

DMACC Business Office % Iowa Literacy Council 2006 South Ankeny Blvd Ankeny, IA 50023

| Contact Person Name: | | | | | | |
|---|--|--|--|--|--|--|
| Contact Person Position: | | | | | | |
| Contact Phone: | | | | | | |
| Contact Email: | | | | | | |
| | | | | | | |
| Please indicate the size of your organization by selecting an option below. | | | | | | |

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|--|-----|-------|--|--|---------------------------------|--|--|
| Individual | | \$45 | | | Organization – from 6-10 people | | |
| Non-Profit | | \$50 | | | Organization from 11-25 people | | |
| Adult Learner | | Free | | | Organization 26+ people | | |
| Organization - up to 5 people | peo | \$150 | | | | | |

On the following page, please submit a list of participants from your organization. Use as many pages as needed.

Individuals to be included in the membership from your organization:

| Name | Phone | Email Address | Position with Organization | # of years with Organization |
|------|-------|---------------|-------------------------------|---------------------------------|
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