



Texas Irlen Association

New \_\_\_\_\_ Renewal \_\_\_\_\_

APPLICATION FOR MEMBERSHIP
Membership Year: Current through December 2019

Please Print or Type

Name

Address

City, State, Zip

Home #

Work #

Fax #

Email

Employed by

Job Position

Table with 3 columns: Check Your Category, Dues, Qualifications. Rows include Member (\$50.00), Non-Resident Member (\$35.00), and Affiliate Member (\$35.00).

For new applicants please complete the following:

For certified Irlen Diagnosticians, Screeners or Pre-Screeners

Trained by \_\_\_\_\_ Date \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

\$ \_\_\_\_\_ Total Submitted (Make check payable to Texas Irlen Association/Membership)

I certify that the above information is accurate

Signature

Date

Please mail payment to: Texas Irlen Association, 8303 Southwest Freeway, Suite 216, Houston, TX 77074. Contact info: (713) 771-3108 / (877)-611-3108 • Fax (713) 771-3112. www.zuccone-irlen.com • Email: cfz4irlen@aol.com