

Cleveland Reads
2009 Lit Net Application Form
Valid through December 2009

**I wish to enroll/renew our organization's membership in Cleveland Reads'
Literacy Network (Lit Net)**

Name _____

Title _____

Agency _____

Address _____

City and Zip Code _____

Phone _____ **Fax** _____

E-mail Address _____

To ensure that information reaches appropriate members of your organization,
please list all staff members to be included in your membership with their e-mail addresses. Thank you.

Membership Fee of \$100 is enclosed

Mail to: Cleveland Reads • 1331 Euclid Avenue • Cleveland, OH 44115