



Texas Irlen Association

New _____ Renewal _____

APPLICATION FOR MEMBERSHIP
Membership Year: Current through December 2015

Please Print or Type

Name _____

Address _____

City, State, Zip _____

Home # _____

Work # _____

Fax # _____

Email _____

Employed by _____

Job Position _____

Check Your Category

Dues

Qualifications

_____ Member

\$50.00

Certified as Irlen Diagnostician, Screener or Pre-Screener residing or employed in Texas

_____ Non- Resident Member

\$35.00

Certified Irlen Diagnostician, Screener or Pre-Screener not employed or residing in Texas

_____ Affiliate Member

\$35.00

Other Interested Parties

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 _____

Send to
Texas Irlen Association
8303 Southwest Freeway, Suite 216, Houston, TX 77074
(713) 771-3108 / (877)-611-3108 • Fax (713) 771-3112
www.zuccone-irrlen.com • Email: cfz4irrlen@aol.com