



MANITOBA
COUNCIL
OF READING
CLINICIANS

Phone: 204-488-4634

See our link at:
www.readingmanitoba.org

Manitoba Council of Reading Clinicians

Membership Application Form

Personal Information

Last Name:
First Name:
Address:
City/Province:
Postal Code:
Telephone (Home):
Telephone (Work) and (Ext #):
E-mail Address:
Place of Employment:

Clinician Certification

Certification Number:
Type:
Date of Issue:
Expiry Date:

International Reading Association Membership

Member (please type yes or no):
Membership Number:
Expiry Date:

Membership Fees: Please type "yes" beside the appropriate membership rate:

Regular Membership- \$ 35.00:

- Regular membership is available to all reading clinicians who hold either permanent or provisional certification.

Associate Membership- \$30.00:

- Associate membership is available to persons who hold a Letter of Eligibility for reading clinician certification or for those who are working under a Letter of Authority.

Student Membership- \$25.00:

- Student membership is available to persons taking graduate courses with the intent of becoming certified reading clinicians.

PLEASE MAKE CHEQUE PAYABLE TO: MANITOBA COUNCIL OF READING CLINICIANS

MAIL TO: BARB GARRIOCH/MCRC MEMBERSHIP CHAIR
111 HUNTERSPOINT ROAD
WINNIPEG, MB, R3R 3B6

Manitoba Council of Reading Clinicians
Private Practice Application Form

MCRC Private Practice List applications **must be submitted on or before June 25th**. This will enable distribution of this list early in the school year.

Please Note: Inclusion on the MCRC Private Practice List is available to MCRC regular members who hold permanent certification. You must be active in private practice to some degree in order to have your name on the list. You should also have a package of MCRC's Private Practice Guidelines and utilize these in your practice. Please inform the membership chair of any changes to services throughout the year so that we may keep an accurate list.

Please type information as you would like it to appear on the MCRC Private Practice List. If you do not want certain information to be on the list, please leave it blank.

Contact Information

Name:

Phone Number:

E-mail Address:

Area of City:

Types of Service

Please type "yes" or "no" beside each service:

Formal Assessment:

Informal Assessment:

Diagnostic Instruction/Tutoring:

Consultation:

Workshops:

Clientele

Please specify preferred age range or grade level for clientele:

Please e-mail this form to the membership chairperson at membershipmrc@gmail.com on or before June 25th. Thank you.