



Membership Form

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Cell: _____

I am:

(please check all that apply)

- Individual with LD
- Family member
- Parent of an individual with LD
- Professional
 - Mental Health
 - Medical
 - School Administrator
 - Educator
- Other _____
- Early Childhood
- Elementary
- Middle
- High School
- Post-secondary
- Adult

Enclosed is:

- \$55 yearly dues
- \$25 full-time yearly student membership.
- I would like to volunteer my time.
- Accept my donation of \$ _____

Membership type:

- New Member
- Renewal

Please note that Organizational Memberships are also available. For \$300, organizations receive 5 memberships and a subscription to the LDA Journal, *Learning Disabilities: A Multidisciplinary Journal*. Please visit www.ldaamerica.org for more information.

Mail completed form and check to:

LDANJ • PO Box 6268 • East Brunswick, NJ 08816

To pay by credit card, please visit www.ldaamerica.org.