



MEMBERSHIP APPLICATION

Please complete all sections of the application so that we can process your membership—Thank you!

\$55 Individual Membership (includes annual national, state, and local dues where applicable)

\$25 Student Membership *Must include verification of student status

\$300 Organizational Membership (includes 5 memberships & a Journal subscription—click here for the Organizational Membership application)

Member Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

Membership dues \$ _____

Tax deductible donation to LDA \$ _____

Is this membership a gift? Yes No

If yes, please provide your information:

Name: _____

Address: _____

Email: _____

TOTAL enclosed \$ _____

Note: LDA does not accept Purchase Orders for Membership Dues

All Sales are Final. Membership is Non-Refundable.

Method of Payment

Check #: _____ **OR**  

Card #: _____

CVC Code: _____ Expiration Date: _____

Signature: _____

I want to help but don't need a membership at this time. Please accept my gift of:

- \$100 \$75 \$50
- \$35 \$25 Other \$ _____

Please send your completed application to the National Office by mail, fax, or email.

Mail: LDA
4156 Library Rd.
Pittsburgh, PA 15234

Fax: (412) 344-0224

Email: info@ldaamerica.org