



MEMBERSHIP APPLICATION

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

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

(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.lidaamerica.org or contact info@lidaamerica.org or (412) 341-1515 for more information.)

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____

(Check all that apply)

I am: individual with LD professional (mental health medical) educator (early childhood elementary middle high school post-secondary) school administrator family member of an individual with LD parent of an individual with LD Other _____

I heard about LDA membership from: national website local affiliate social media school friend conference other _____

Membership type: new member renewal

Is this membership a gift: yes no
If yes, please provide your information:

Name: _____
Address: _____
Email: _____

Enclosed is: \$55 yearly dues \$25 full-time yearly student dues (must provide proof of student status)

Please accept my tax deductible donation of \$ _____

Total: _____

Check #: _____ OR
Credit Card # _____ Exp. Date _____
CVC Code _____ Name on credit card _____

Please note: LDA does not accept purchase orders for membership dues. All sales are final. Membership is non-refundable.

**Please send completed form and check or credit card information
by mail to: LDA • 4156 Library Road, Suite 3 • Pittsburgh, PA 15234
by fax to: (412) 344-0224
by email to: info@lidaamerica.org**