



LDA Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work or Cell Phone: _____

Email Address: _____

Please help LDAU and save paper by receiving your information electronically!

Annual Membership Fee: Includes State and National Membership

- Basic Membership (1 year): \$35
 - Subscription to "Learning Disabilities: A Multidisciplinary Journal": \$30
 - I want to help LDAU with my tax-deductible donation of: \$ _____
- \$ _____ Total Payment

Check all that apply:

- Individual with Learning Disabilities
- Parent
- Professional: _____
- Other: _____

Membership information is confidential. LDAU and LDA do not share or sell member information.

Make checks or money orders payable to: LDAU.

Submit this form along with payment to:

LDAU

P.O. Box 900726

Sandy, Utah 84090-0726

A credit card can be used by visiting: <http://www.lidaamerica.org>.