

# MEMBERSHIP FORM

## 1. PERSONAL INFORMATION

New Member

Renewing Member

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

If you have a child with learning disabilities and/or ADHD:

Child's name (optional): \_\_\_\_\_ Age: \_\_\_\_\_

Type of disability (optional): \_\_\_\_\_ School attending: \_\_\_\_\_

## 2. ANNUAL MEMBERSHIP COSTS

**\*Membership expires December 31, annually. \* New Memberships may be subject to pro-ration after Sept 1<sup>st</sup>.**

- Individual/Family . . . . . \$40
- Post secondary student/Senior (65+) . . \$20
- School . . . . . \$75
- Corporation . . . . . \$125

### Donations Options:

If you would like to provide additional support for our programs:

Donation to LDAA-CC . . . . . \$ \_\_\_\_\_

\*\*tax-deductible receipts are issued for donations

- Direct my donation to the greatest need
- Designate my donation to: \_\_\_\_\_

**TOTAL (donation & membership) \$ \_\_\_\_\_**

**DATE:** \_\_\_\_\_

### Type of payment:

Payment Enclosed:  Cheque  Cash  Visa  MasterCard

Card # \_\_\_\_\_ Expiry \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 3. REASON FOR JOINING

- Programs
- Parent of child with LD/ADHD
- Student
- Supportive adult
- Adult with LD/ADHD
- Professional
- Other: \_\_\_\_\_

## 4. VOLUNTEER OPPORTUNITIES

- Office help
- Casino
- Newsletter
- Special events
- Fundraising
- Other \_\_\_\_\_

The LDAA-CC values the privacy of its members and will not release your personal information to other organizations. The LDAA-CC gathers information about its members in order to provide ideal programs and services.