

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 AD/HD:

Child's name (optional): _____ Age: _____

Type of disability (optional): _____ School attending: _____

2. ANNUAL MEMBERSHIP COSTS

Membership expires December 31, 2009 New Memberships may be subject to pro-ration after Sept 1st.

- 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 _____

5. CONTACT OPTIONS

- Everything
- The LDAA-CC update (monthly e-newsletter)
- Perspectives Magazine (Quarterly Print Publication)
- Bi-annual donor/funder update
- Nothing

A portion of your membership fee goes to the Learning Disabilities Association of Canada for national membership. The LDA 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.