

MEMBERSHIP APPLICATION

(Rates effective January 1, 2005)

New Member Information (please print)

Name _____

Organization _____

Address _____

City _____ County _____

State/Province _____ Zip Code _____

Country _____

Telephone (W) _____ (H) _____

E-Mail Address _____

Benefits of Membership

Contact IDA headquarters or visit our website for additional details about Institutional and Corporate member benefits.

- ~ Perspectives
- ~ Annals of Dyslexia
- ~ Discounts on IDA Conferences
- ~ Local Branch Affiliation
- ~ Branch Newsletters
- ~ Discounts on IDA Publications

Membership Levels (please check one)

(U.S. Currency Only)

- College Student** \$40
(Copy of Student ID Required)
- Retired** \$45
(65 years+ and not employed fulltime)
(Copy of ID Required)
- Individual** \$70
- Individual / Sustaining** \$150
- Individual / Supporting** \$300
- Family** \$110
- Institutional** \$395
(Copy of Non-profit Status Required)
- Lifetime** \$2,000
- *Corporate—Level-I** \$295
- *Corporate—Level-II** \$795

* Only For-Profit Organizations are Eligible for Corporate Levels

Signature: _____

By signing this form I certify that I (or the corporate entity) qualify for the membership category checked above.

Please check **all** categories that apply to you; then circle the category **that best describes your reason for joining IDA.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocate
<input type="checkbox"/> College Student
<input type="checkbox"/> Educational Administrator
<input type="checkbox"/> Ed. Diagnostician/Psychologist
<input type="checkbox"/> Educational Therapist
<input type="checkbox"/> Elem./Sec. School Educator
<input type="checkbox"/> General Supporter | <input type="checkbox"/> Individual with Dyslexia
<input type="checkbox"/> Lawyer
<input type="checkbox"/> Parent/Other Family Member of Individual w/Dyslexia
<input type="checkbox"/> Physician
<input type="checkbox"/> Post-Secondary Educator
<input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Reading Specialist
<input type="checkbox"/> Researcher/Educational
<input type="checkbox"/> Researcher/Medical
<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> Special Education Educator
<input type="checkbox"/> Tutor |
|---|---|--|

PAYMENT INFORMATION

Check enclosed made payable to: *The International Dyslexia Association*

Charge my credit card:

Account Number: _____ Exp. Date: _____

American Express 
 Discover 
 MasterCard 
 Visa 

Name on credit card (Please Print): _____

Signature: _____

Membership Mailing List Rental

At times, the IDA membership list is made available to other organizations whose products or services we think our members might find of interest. If you *do not* want your contact information included on these mailing lists, please check here.

LD Service Provider Database

IDA maintains a list of service providers for people who contact us for resources. If you would like to be on this list and receive an application, please check here.

Your listing will remain on the service provider list as long as your membership is active.

The International Dyslexia Association®

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