

MEMBERSHIP APPLICATION FORM

1. PERSONAL INFORMATION New Member Renewing Member

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____

E-mail: _____ Fax: _____

If you have a child with learning disabilities:

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

Type of Disability (optional): _____

2. ANNUAL MEMBERSHIP COSTS

<input type="checkbox"/> Individual/Family \$40	
<input type="checkbox"/> Student/Senior (65+) \$20	
<input type="checkbox"/> School \$75	
<input type="checkbox"/> Corporation \$125	Membership expires March 31

If you would like to provide additional support for our programs

Donation to LDAA – Red Deer \$ _____

Direct my donation to the greatest need

Designate my donation to: _____

TOTAL (donation and membership) \$ _____

Payment Enclosed: Cheque Cash

3. REASON FOR JOINING

Parent of Child with LD

Student

Supportive Adult

Adult with LD

Professional

Other: _____

4. VOLUNTEER OPPORTUNITIES

Administrative

Tutoring

Casino

Special Events

Fundraising

Programming

5. CONTACT OPTIONS

EVERYTHING

PERSPECTIVES MAGAZINE

NOTHING

A portion of your membership fee goes to the Learning Disabilities Association of Canada for national membership. The LDA value the privacy of its members and will not release your personal information to other organizations. The LDAA-RD gathers information about its members in order to develop programs and services.

Learning Disabilities Association of Alberta – Red Deer Chapter CHARITABLE TAX NO. 13567 7888 RR0001