



Membership Application

Name: _____
Address: _____
City: _____
State: _____ ZIP Code: _____
Country: _____
Area Code & Phone _____
E-Mail Address _____

Annual Membership Fee:

Please indicate amount based on your state of residence:

- \$25 New Mexico, Texas
 \$30 Alabama, Alaska, Delaware, Florida, Idaho, Indiana, Iowa, Louisiana,
Massachusetts, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire,
New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico,
Rhode Island, Tennessee, Virginia, West Virginia, Wash., D.C., Vermont, Wyoming
 \$35 Arkansas, Colorado, Kansas, Kentucky, Maine, Michigan, Pennsylvania,
South Carolina, South Dakota, Utah, Washington, Wisconsin
 \$40 Arizona, Connecticut, Georgia, Hawaii, Illinois, Maryland
 \$45 California, Missouri, North Carolina
 \$50 New York
 \$45 Foreign Membership

Additional options:

- \$30 *Learning Disabilities: A Multidisciplinary Journal* subscription (half price!)
 I want to help LDA with my *tax deductible* donation of \$_____

Total payment: \$ _____

Method of Payment: *(All funds must be in U.S. dollars)*

Check (Payable to LDA) Money Order

Visa MasterCard Discover

_____-_____-_____-_____-_____/_____-_____-_____-_____-_____
Credit Card Number Exp. Date CV2 code (3-digit code on back of credit card)

Name as it appears on credit card

Signature

Mail completed form with payment to:

**Learning Disabilities Association of America
4156 Library Road, Suite 1
Pittsburgh, PA 15234-1349
FAX: (412) 344-0224**