



MEMBERSHIP FORM

Your annual dues automatically entitles you to membership in the Learning Disabilities Association of America (LDA), LDA of Illinois, and your local chapter (state preference _____).

2008-2009

Name _____

Address _____

City, ST, Zip _____ Phone (_____) _____

e-mail: _____ Fax (_____) _____

Parent of learning disabled child _____ Professional in LD field _____ LD/Adult/Other _____

If professional, profession is _____

Make checks payable to: _____ \$40.00 Family or Professional Mastercard/Visa#: _____

LDA of Illinois Annual Membership Dues

10101 S. Roberts Rd., Suite 205 _____ Other Contribution Expiration Date: _____

Palos Hills, IL 60465-1556 _____

(708) 430-7532 Date: _____ Signature: _____

Membership dues are payable every twelve months. Current members will receive a renewal notice from LDA/IL.



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