

INDIVIDUAL MEMBERSHIP FORM



Member ID (if renewal): _____

Name: _____ Date of Birth: _____

Organization/Company (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

SELECT YOUR MEMBERSHIP CATEGORY *Visit DyslexiaIDA.org for full benefit information*

- | | | |
|--|---|---|
| <input type="checkbox"/> Professional \$100/year | <input type="checkbox"/> Individual \$85/year | <input type="checkbox"/> Student \$30/year |
| <input type="checkbox"/> Parent \$50/year | <input type="checkbox"/> Senior/Retired \$65/year | <i>Student members must include a transcript with their form.</i> |
| <input type="checkbox"/> Teacher \$50/year | <input type="checkbox"/> President's Circle \$1,000 | |

SELECT YOUR CONNECTION TO DYSLEXIA *Choose one*

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Language Therapist | <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Graduate/ Post-Graduate Student | <input type="checkbox"/> Researcher/Education |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Individual with Dyslexia or other LD | <input type="checkbox"/> Researcher/Medical |
| <input type="checkbox"/> Education/Administrator | <input type="checkbox"/> Parent | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Education/Teacher (K-12) | <input type="checkbox"/> Physician | <input type="checkbox"/> Tutor/Certified or Trainee |
| <input type="checkbox"/> Education/Teacher (Special Ed.) | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Undergraduate Student |
| <input type="checkbox"/> Education/Teacher (Post Sec.) | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other: _____ |

ADDITIONAL MEMBER BENEFIT OPTIONS

Members receive an electronic subscription to IDA's scientific journal *Annals of Dyslexia*. For an additional \$30 per year, you will receive 3 paper bound copies of the journal mailed to the address you provide above.

PAYMENT INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Check Enclosed (<i>Make your check payable to The International Dyslexia Association</i>) | Membership Dues: _____ |
| <input type="checkbox"/> Purchase Order Enclosed (PO # _____) | Printed Annals Subscription (<i>\$30 annually</i>): _____ |
| <input type="checkbox"/> Credit Card Visa MasterCard AMEX Discover | Additional Donation: _____ |
| | Total Enclosed: _____ |

Name on Card: _____

Acct Number: _____

Expiration Date: _____ CVV: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Signature authorizes IDA to charge my credit card in amount above.