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 Baltimore, MD 21204



THE INTERNATIONAL DYSLEXIA ASSOCIATION M E M B E R S H I P

FIRST Name _____ MIDDLE Initial _____ LAST Name _____

ORGANIZATION (if applicable) _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

E-MAIL _____

WORK TELEPHONE () _____ HOME TELEPHONE () _____

DATE OF BIRTH ____/____/____ IDA MEMBER # (if renewal) _____

INDIVIDUAL WITH DYSLEXIA? Spouse Self Child Sibling Parent Friend

1 SELECT YOUR MEMBERSHIP CATEGORY

PARENT/ADVOCATE \$80
 Individual Dyslexic General Supporter
 Parent/Family Member

PROFESSIONAL \$95
 Professional/Educational
 Professional/Allied

2-MEMBER HOUSEHOLD/FAMILY \$135

SENIOR/RETIRED (age 65) \$60

STUDENT \$60

EDUCATIONAL INSTITUTION \$395

CORPORATE/BUSINESS \$495

Dyslexic individuals, parents, family members, caregivers, advocates on behalf of dyslexia and general supporters of IDA's work should join this category.

If you are employed in the field of learning disabilities *as an educator*—a teacher, tutor, administrator, academic language therapist, etc.

If you are employed in the learning disabilities field *as a professional*—researcher, attorney, physician, psychiatrist, etc., select "Allied".

The Educational/Institutional category includes non-profit (501(c)3) organizations and businesses—schools, school systems, libraries, professional associations, etc.

The Corporate category includes for-profit organizations and businesses—suppliers, vendors, testing programs, learning centers, assistive technologies, etc.

2 PROFESSIONAL INTEREST (please choose ONE professional interest)

Academic Language Therapist Education/Administrator Parent Researcher/Medical

Advocate Education/Teacher—K-12 Physician Speech-Language Pathologist

Attorney Education/Teacher—Special Ed. Psychiatrist Tutor/Certified or Trainee

College Student Education/Teacher—Post Sec. Reading Specialist Other: _____

Corporation/Organization Educational Diagnostician Researcher/Education

3 UPPER MEMBERSHIP LEVEL (optional/add'l. fee)

Please consider supporting IDA's mission with an additional contribution by becoming an UPPER-CATEGORY Member.

SPONSOR dues level plus \$50 \$50

SUPPORTING dues level plus \$150 \$150

SUSTAINING dues level plus \$500 \$500

LIFETIME \$2500 \$2500

(add this optional UPPER CATEGORY amount to your dues payment)

4 SPECIAL-INTEREST GROUPS (optional/add'l. fees)

THE FOLLOWING BENEFITS ARE CURRENTLY IN DEVELOPMENT:

Optional SPECIAL-INTEREST GROUPS will offer a suite of customized benefits within a community of like-minded professional interests.

SIG-1 Teachers of Struggling Readers \$30
 Includes a customized "Webcast With An Expert", a searchable "Student Errors Database; 2 additional Live Learning Center sessions.

SIG-2 Reading Intervention Specialist \$40
 Includes a dedicated online list-serv with moderated topics; customized "Webcast With An Expert"; 2 additional Live Learning Center sessions.

SIG-3 Reading Intervention Therapist/Trainer \$50
 Includes a dedicated online "Trainer" list-serv with moderated topics; two additional Live Learning Center sessions; and, a "Professional" Hospitality Suite at the IDA Conference.

5 DUES PAYMENT



Amount from your Membership Category ❶ \$ _____

Optional UPPER-LEVEL amount ❷ \$ _____

Optional SPECIAL-INTEREST GROUP ❸ \$ _____

TOTAL: \$ _____

Check enclosed (payable to IDA) Purchase Order enclosed: P.O. #: _____

Credit Card:
 American Express Master Card VISA Discover
 Cardholder Name: _____ Account Number: _____
 Expiration Date: ____/____/____ Signature of Cardholder: _____