

LEARNING DISABILITIES ASSOCIATION OF DURHAM REGION
MEMBERSHIP APPLICATION FORM



Please note you can now pay your membership fee online at www.ldao.ca/about/membership/
Alternatively, you can complete the membership form below and hand over to a LDADR representative.

Membership type:	<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal (Membership ID required below)
Membership ID # (if renewal):	
Salutation:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.
Your name:	
Address:	
City:	
Province:	ON
Postal code:	
Home phone:	
Business phone:	
Chapter affiliation:	DURHAM REGION
School Board:	<input type="checkbox"/> Durham District School Board <input type="checkbox"/> Durham Catholic District School Board <input type="checkbox"/> Other
Email address:	
Type of Yearly Membership:	<input type="checkbox"/> Student - \$20 (ID # Required) _____ <input type="checkbox"/> Family/Individual - \$50 <input type="checkbox"/> Professional - \$75 <input type="checkbox"/> Institutional - \$125

Would you like to receive your copies of Communiqué: Yes No

Type of Payment:

<input type="checkbox"/> Cash (only if paying person)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card #:	Expiry Date:		
Name as it appears on the Credit Card:	Signature:		

Make all payments payable to **LDA of Durham Region** and forward to:
LDA Durham Region
P. O. Box 346
Pickering, ON L1V 2R6