

East Bay Learning Disabilities Association Membership Application

We thank you for your support and interest in East Bay LDA. Please print out this membership/subscription application and mail it to the address below:

*Learning Disabilities Association of America
4156 Library Road
Pittsburgh, PA 15234*

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Please check the box that applies:

Parent of child with LD

Adult with LD

Professional

_____ **Individual Membership - \$45**

Includes membership to East Bay Learning Disabilities Association along with subscription to the the state and national newsletters and discounts on conferences and workshops.

_____ **Additional Donations** to East Bay LDA gratefully accepted. (Please make checks payable to East Bay LDA)

All Contributions Are Tax Deductible