



**Learning
Disabilities
Association
of Iowa**

Did You Know That LDA-IA...

- * Is an organization serving the needs of individuals with learning disabilities (LD), their families, educators, and other professionals.
- * Is a 501(c)(3) nonprofit organization established in 1968.
- * Is a state affiliate of the Learning Disabilities Association of America.
- * Has advocated for LD rights by contacting legislators, attending public hearings, and sharing important news in publications and social media.
- * Collaborates with like-minded organizations and service providers.
- * Conducts projects and services: Literacy, LD Presentations, Information and Support to Individuals and Families, and more.

LDA-IA MEMBERSHIP

In order for LDA-IA to exert influence on issues important to individuals with learning disabilities, and to work to protect the services that are now available, we must have an organization that represents a large number of people. In this time of legislative changes and budget cuts, the greater our numbers, the stronger our voice.

Here are some of the benefits to you as a member of LDA-IA:

- Information and support to individuals, parents and professionals
- Membership in the national organization (LDA America)
- Discounts on national conference attendance
- LDA-IA member communications and LDA America newsletter, *Newsbriefs*
- Public policy voice in Washington, D.C.
- Research support into the nature, causes and prevention of LD

If you are already a member, consider giving a gift membership to a teacher, family member, colleague, principal, pediatrician, psychologist, social worker or other professional.

Also, help us continue the work that we do. Your gift would help us continue or expand our projects.*

**May be tax-deductible.*

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ AEA: _____

E-MAIL ADDRESS: _____

Please check **one** category that best describes your interest in learning disabilities:

Parent _____ Professional _____ Student _____

_____ Other (please specify) _____

This is a _____ renewal _____ new membership.

Enclosed are individual dues (\$55) \$ _____

Enclosed are student dues (\$25) \$ _____

*Must provide proof of status as full-time student.

Enclosed are institutional dues (\$300) \$ _____

*Up to 5 members & LD Journal subscription, sent to person listed above.
List other members on back of form.

I'd like to support the goals & projects of LDA-IA with a donation: \$ _____

TOTAL \$ _____

Please make your check payable to LDA-IA and mail to:
LDA-IA, 5665 Greendale Rd., Ste. D, Johnston, IA 50131
OR

Join or renew online at www.ldaamerica.org.

INSTITUTIONAL MEMBERSHIP–Additional Members

Member #2

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____

E-MAIL: _____ AEA: _____

Please check *one* category that best describes your interest in learning disabilities:

Parent Professional Student Other (please specify) _____

Member #3

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____

E-MAIL: _____ AEA: _____

Please check *one* category that best describes your interest in learning disabilities:

Parent Professional Student Other (please specify) _____

Member #4

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____

E-MAIL: _____ AEA: _____

Please check *one* category that best describes your interest in learning disabilities:

Parent Professional Student Other (please specify) _____

Member #5

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____

E-MAIL: _____ AEA: _____

Please check *one* category that best describes your interest in learning disabilities:

Parent Professional Student Other (please specify) _____