

## GROUP MEMBERSHIP FORM



Member ID (if renewal): \_\_\_\_\_  
School/Company: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SELECT YOUR MEMBERSHIP CATEGORY

Visit [DyslexiaIDA.org](http://DyslexiaIDA.org) for full benefit information

- LD School** *Please select a level.*
  - Platinum** \$1,499/year
  - Gold** \$799/year
  - Silver** \$399/year
- Educational Institution** \$395/year  
*Intended for public schools, public school districts, and non-profit organizations.*
- Corporate** \$495/year

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

Check Enclosed (*Make your check payable to The International Dyslexia Association*)      Membership Dues: \_\_\_\_\_  
 Purchase Order Enclosed (PO # \_\_\_\_\_)      Printed Annals Subscription (*\$30 annually*): \_\_\_\_\_  
 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.*

40 York Road, 4th Floor • Baltimore, MD 21204 • Fax 410-321-5069 • Phone 410-296-0232