

**LEARNING DISABILITIES ASSOCIATION OF ONTARIO
MEMBERSHIP APPLICATION FORM**

Mr.
Mrs.
Ms.
Dr.

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Chapter Affiliation: _____

Renewal Membership # _____ New Membership # _____

Please check this box if you agreed to receive your copies of Communique by email in the

Email address: _____

(Please print clearly)

I am interested in receiving information on how I can help support LDAO programs and services

Type of Membership Requested (please check one)	One Year
Family/Individual	<input type="checkbox"/> \$50.00
Professional	<input type="checkbox"/> \$75.00
Institutional	<input type="checkbox"/> \$125.00
Student * (please provide your post secondary student ID#)	<input type="checkbox"/> \$20.00 _____

Type of Payment:

Cheque Money Order Cash (only if paying in person)

Visa Card Number: _____ Expiry Date: _____

Signature of Card Holder: _____

I would like to volunteer: At the local level At the provincial level

Please make all payments payable to LDAO and forward to:

LDAO Membership Coordinator
365 Bloor St. East., Box 39 Ste. 1004, Toronto, ON M4W 3L4
416-929-4311, ext 42 Fax 416-929-3905
website: www.ldao.ca

