

Referred from <http://ldasj.ca>



LDANB MEMBERSHIP FORM

\$25.00 / year

This information is private and confidential

**Please print off and mail or fax to our provincial office.
This form cannot be submitted electronically.**



NAME: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ PROV: _____ PC: _____

HOME PHONE: (506) _____ FAX: (506) _____

WORK PHONE: (506) _____ EMAIL: _____

LANGUAGE: ENGLISH FRENCH OTHER _____

TYPE OF MEMBERSHIP: INDIVIDUAL STUDENT FAMILY

IF FAMILY PLEASE CIRCLE (OPTIONAL):

of children 1 2 3 4 5 single parent two parent

PROFESSIONAL TYPE OF PROFESSIONAL: _____

ORGANIZATION TYPE OF ORGANIZATION: _____

NEW MEMBER RENEWAL

PAYMENT: MONEY ORDER CHEQUE VISA

VISA CARD #: _____ EXPIRY DATE: _____

SIGNATURE: _____

(This must be signed to be valid if you are using your Visa)

DONATION:

I am enclosing an additional amount of \$ _____

Amounts over \$10.00 will be issued a receipt. LDANB thanks you for your support.

**Please make cheques payable to:
Learning Disabilities Association of New Brunswick
203- 403 Regent Street
Fredericton, NB E3B 3X6
Fax: 506-455-9300**

Member of the Learning Disabilities Association of Canada