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

**Please complete Application Form in Full | Print Clearly**

**CHAPTER AFFILIATION: Learning Disabilities of Windsor-Essex County**

□ Renewal Membership □ New Membership

**SECTION A: PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | City: | Postal Code: |
| Home Phone: Alternate Phone: | | |
| E-Mail Address:  **Please Note: An e-mail address is required by LDAO for purposes of the membership system. Communication may be sent by LDAO and LDAWE, however, your e-mail address is NOT used for spam.** | | |

**SECTION B: TYPE OF MEMBERSHIP REQUESTED (Please check one)**

|  |  |
| --- | --- |
| 󠆙□ Family/Individual | $50.00 per year |
| □ Professional | $75.00 per year |
| □ Institutional | $125.00 per year |
| □ Student (please provide your post-secondary student ID# below): | $20.00 per year |

**SECTION C: TYPE OF PAYMENT**

□ Cheque (Payable to LDAWE) □ Money Order □ Cash (only if paying in person)

□ Visa □ Mastercard □ Other Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note: A $5.00 fee will apply if paying by Credit Card.**

**Learning Disabilities Association of Windsor-Essex County**

**647 Ouellette Avenue, Suite 101, Windsor, ON N9A 4J4**

**Phone: 519-252-7889 | Fax: 519-252-4169 | Website:** [**www.ldawe.ca**](http://www.ldawe.ca)

**Form Date: January 2019 Date Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**