



LEARNING DISABILITIES ASSOCIATION OF CENTRAL NEW YORK  
MEMBERSHIP FORM

**Mission Statement**

*To enhance the quality of life for children and adults with learning disabilities  
by providing advocacy, programs and educational resources.*

<b>Membership Levels</b> (All are annual)	<b>With your support LDA/CNY will continue our mission in the Central New York Community</b>
<b>Local Member</b>	<ul style="list-style-type: none"> <li>• Discounts on conferences and local LDA/CNY programs</li> <li>• Local newsletter</li> </ul>
<b>National Member</b>	Newsletter from LDA of America

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

1-Year Local Membership	<b>\$40</b>
1-Year National Membership (additional \$15)	
Additional Tax Deductible Donation	
<b>Total</b>	



Enclosed is my check for \$ \_\_\_\_\_ (Payable to LDA/CNY)

Or please charge \$ \_\_\_\_\_ to my VISA  MasterCard

<b>Account Number</b>		<b>Cardholder Name</b>	
<b>Expiration Date</b>		<b>Signature</b>	

\*\*\*An additional 2.95% processing fee will be applied for use of VISA/MasterCard.

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