

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*