



# Membership Form

Phone: 1-800-ABCD123  
 Fax: (410) 321-5069  
 Online: [www.interdys.org](http://www.interdys.org)  
 Mail: 40 York Road, Suite 400  
 Baltimore, MD 21204

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Organization (if applicable) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 E-mail \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Individual with dyslexia?  Spouse  Self  Child  Sibling  Parent  Friend  IDA Member # (if renewal) \_\_\_\_\_

## 1 Select Your Membership Category

- Parent/Advocate** ..... \$ 80
  - Individual Dyslexic  General Supporter  Parent/Family Member
- Professional** ..... \$ 95
  - Professional/Educational  Professional/Allied
- 2-Member Household/Family** ..... \$135
- Senior/Retired** (age 65 or over) ..... \$ 60
- Student** ..... \$ 60
- Educational Institution** ..... \$395
- Corporate/Business** ..... \$495

## 2 Professional Interest (please choose ONE)

- Academic Language Therapist
- Advocate
- Attorney
- College Student
- Corporation/Organization
- Education/Administrator
- Education/Teacher-K-12
- Education/Teacher-Special Ed.
- Education/Teacher-Post Sec.
- Educational Diagnostician
- Parent
- Physician
- Psychiatrist
- Reading Specialist
- Researcher/Education
- Researcher/Medical
- Speech Language Pathologist
- Tutor/Certified Trainee
- Other: \_\_\_\_\_

## 3 Annual Dues Payment

\$

**TOTAL** Amount from your Membership Category

**CHECK** enclosed (payable to IDA)  **PURCHASE ORDER** enclosed; P.O. # \_\_\_\_\_

**CREDIT CARD:**  American Express  Mastercard  VISA  Discover

Cardholder Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Cardholder \_\_\_\_\_