



LDANB MEMBERSHIP FORM

\$25.00 / year

MEMBERSHIP FEES ARE DUE IN THE MONTH OF OCTOBER

This information is private and confidential

Please print clearly

1. **NAME:** _____
Last First

TITLE: MISS MS. MRS. MR. DR.

2. **MAILING ADDRESS:** _____

CITY/PROV. _____ POSTAL CODE _____

3. **PHONE:**

home: (_____) _____ - _____ fax: (_____) _____ - _____

work: (_____) _____ - _____ email: _____

4. **LANGUAGE:** ENGLISH FRENCH OTHER _____

5. **TYPE OF MEMBERSHIP:** INDIVIDUAL STUDENT FAMILY

PROFESSIONAL TYPE OF PROFESSIONAL: _____

ORGANIZATION TYPE OF ORGANIZATION: _____

6. **NEW MEMBER** **RENEWAL** **NEWSLETTER mailed** **email**

7. **PAYMENT:** CASH MONEY ORDER CHEQUE

Please make payable to : Learning Disabilities Association of New Brunswick

Charitable Registration #: 11905 2710 RR0001

Learning Disabilities Association of New Brunswick 203 – 403, rue Regent Street Fredericton, N-B E3B 3X6 Ph: 506-459-7852 (local) Toll Free: 877-544-7852 Fax: 506-455-9300 Email: admin@ldanb-taanb.ca Web Site: www.ldanb-taanb.ca	<p style="text-align: center;">FOR OFFICE USE ONLY</p> Receipt#: Chapter: Date of Expiry: Date Received: Recorded: <input type="checkbox"/> Form revised 10/13
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Member of the Learning Disabilities Association of Canada