

**Learning Disabilities Association of Pennsylvania**

(Print or Type)

Name \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

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

School District \_\_\_\_\_

County \_\_\_\_\_ E-mail \_\_\_\_\_

Please check appropriate area(s):

- Parent of LD individual
- LD adult
- College Student
- Educator (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

Interests:

- Advocacy
- Education
- Fundraising
- Conference
- Newsletter
- Grant Writing

Enclosed are annual dues of \$50.00 (includes national, state and local)

Check enclosed made payable to LDAPA

Enclosed is an additional contributions of \$ \_\_\_\_\_ Total amount enclosed \$ \_\_\_\_\_

Please print this form and mail to:

LDA of Pennsylvania  
4751 Lindle Road, Suite 114  
Harrisburg, PA 17111

Current members will receive a renewal notice from LDA of America.

Dues and contributions may be treated as charitable contributions for Federal Income Tax purposes.