



Learning Disabilities of Georgia Membership Form

Please print this page, complete the information, and send with your membership fee to the address below:

1. Type of Membership or Gift (check all that apply):

- New membership
 Renew membership
 Gift to make Membership available to someone who can't afford it
 Tax deductible contribution

2. Name: _____

3. Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

4. Home Phone: _____

Work Phone: _____

FAX: _____

5. Email: _____

6. Occupation: _____

7. Place of Employment: _____

8. Would you like to have an LD Event in your area? If so, where?

9. Membership fee \$40.00 (includes National, State)

My tax deductible donation of \$_____ is included.

Total attached: \$_____

Please mail this form with your check to:

LDAG
2566 Shallowford Road
Suite 104 PMB 353
Atlanta, GA 30345

Membership fees and donations are tax deductible.