

GIFT MEMBERSHIP FORM



Gift Giver Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Phone: _____

Gift Recipient Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Phone: _____

SELECT A MEMBERSHIP CATEGORY *Visit [DyslexiaIDA.org/membership](https://dyslexiaida.org/membership) for full benefit information*

- | | |
|---|--|
| <input type="checkbox"/> Professional \$100/year | <input type="checkbox"/> Community Advocate/Individual \$40/year |
| <input type="checkbox"/> Entrepreneur \$125/year (Coming Soon) | |
| <input type="checkbox"/> Teacher \$50/year | |

ADDITIONAL MEMBER BENEFIT OPTIONS

Members receive an electronic subscription to IDA's scientific journal *Annals of Dyslexia*.

PAYMENT INFORMATION

- ☐ Pay by Credit Card (we will call for payment)
- ☐ Please include a printable membership certificate.

Membership Dues: _____

Additional Donation: _____

Total Payment: _____

Please return this completed form by email to member@dyslexiaida.org

Thank you for your support of IDA!