

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 for full benefit information*

- | | |
|--|---|
| <input type="checkbox"/> Professional \$100/year | <input type="checkbox"/> Individual \$85/year |
| <input type="checkbox"/> Parent \$50/year | <input type="checkbox"/> Senior/Retired \$65/year |
| <input type="checkbox"/> Teacher \$50/year | |

ADDITIONAL MEMBER BENEFIT OPTIONS

Members receive an electronic subscription to IDA's scientific journal *Annals of Dyslexia*. For an additional \$30 per year, the member will receive 3 paper bound copies of the journal mailed to them.

PAYMENT INFORMATION

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

Membership Dues: _____

Printed Annals Subscription (*\$30 annually*): _____

Additional Donation: _____

Total Payment: _____

Please return this completed form by email to member@DyslexiaIDA.org, or by mail if paying by check.

Thank you for your support of IDA!