

**LEARNING DISABILITIES ASSOCIATION OF OKLAHOMA
MEMBERSHIP APPLICATION**

Name _____ **New** [] **Renewal** [] **Address Change** []

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone (H)() _____ **(W)**() _____

Email _____

Parent [] **LD Adult** [] **Special Education Teacher** [] **Classroom Teacher** []

Administrator [] **Other Professional** [] **Full time student** [] **Friend of LDAO** []

- Dues provide membership in LDAA and LDAO**
- Annual membership dues \$45.00**
- Full time student (proof of full time status required) \$25.00**
- Make check payable to LDAO**
- Mail check to LDAO, PO Box 1134, Jenks, OK 74037**
- Do not send if you have already sent dues to LDA of America**