



**NATIONAL ASSOCIATION FOR ADULTS
WITH SPECIAL LEARNING NEEDS**

Membership Application
January 2010 to December 2010

PLEASE PRINT CLEARLY

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

E-Mail Address _____

Phone Number _____

Membership Options *Please check*

| | | |
|---|--|------------------|
| Individual Member _____ | | |
| • Receives all membership benefits | • Receives discounted conference fees | \$ 35.00 |
| • Can serve as a Board Member or Committee Chair | • Can serve on one or more Committees | |
| Lifelong Member _____ | | |
| • Receives all membership benefits | • Receives discounted conference fees | \$ 500.00 |
| • Can serve as a Board Member or Committee Chair | • Can serve on one or more Committees | |
| Organization Member _____ <small>Please identify key contact person for organization in above field + attach list of members w/ Email addresses(next page)</small> | | \$ 250.00 |
| • Receives all membership benefits | • Receives discounted conference fees for up to 10 staff | |
| • Up to 10 staff can serve on one or more Committees | • Can designate one staff member to have voting rights | |
| • Can designate one staff member to serve as a Board Member or Committee Chair | | |
| Student/Learner Member _____ <small>Must attach documentation of enrollment in a basic skill, post secondary, or graduate level program</small> | | \$ 15.00 |
| • Receives all membership benefits | • Receives student conference fees | |
| • Can serve as a Board Member or Committee Chair | • Can serve on one or more Committees | |

Payment Information

Please check and complete payment option:

___ Check Enclosed for \$ _____ Purchase Order # _____

___ Visa / MasterCard # _____ Expiration Date _____

 Visa/MasterCard Card Holder Name _____

 Card Holder Address _____

 Authorized Signature _____

| | |
|-------------------------------------|-------------------------------|
| <i>Please Check</i> | <i>Please Check</i> |
| Disability Areas of Interest | Committees of Interest |
| ___ Learning | ___ Policies & Procedures |
| ___ Developmental | ___ Conference |
| ___ Visual | ___ Legislation & Advocacy |
| ___ Hearing | ___ Fiscal |
| ___ Physical | ___ Communications |
| ___ Mental Health/Addictions | (Web site/newsletter) |
| ___ Other | ___ Membership Services |
| | ___ Partnerships |

| |
|--|
| <p>Send completed form to:</p> <p>NAASLN Member Services 1143 Tidewater Court Westerville, OH 43082 or FAX completed Purchase Order/Visa / MasterCard applications to: FAX: (614) 392-1559</p> |
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NAASLN Organizational Membership Application

List of organizational representatives to be included in this application

Organization: _____

1) Name: _____

Email: _____

2) Name: _____

Email: _____

3) Name: _____

Email: _____

4) Name: _____

Email: _____

5) Name: _____

Email: _____

6) Name: _____

Email: _____

7) Name: _____

Email: _____

8) Name: _____

Email: _____

9) Name: _____

Email: _____

10) Name: _____

Email: _____