



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

Membership Application
January 2008 to December 2008

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: _____