



**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*

<b>Individual Member</b> _____		
• Receives all membership benefits	• Receives discounted conference fees	<b>\$ 35.00</b>
• Can serve as a Board Member or Committee Chair	• Can serve on one or more Committees	
<b>Lifelong Member</b> _____		
• Receives all membership benefits	• Receives discounted conference fees	<b>\$ 500.00</b>
• Can serve as a Board Member or Committee Chair	• Can serve on one or more Committees	
<b>Organization Member</b> _____ <small>Please identify key contact person for organization in above field + attach list of members w/ Email addresses(next page)</small>		<b>\$ 250.00</b>
• 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		
<b>Student/Learner Member</b> _____ <small>Must attach documentation of enrollment in a basic skill, post secondary, or graduate level program</small>		<b>\$ 15.00</b>
• 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>
<b>Disability Areas of Interest</b>	<b>Committees of Interest</b>
___ Learning	___ Policies & Procedures
___ Developmental	___ Conference
___ Visual	___ Legislation & Advocacy
___ Hearing	___ Fiscal
___ Physical	___ Communications
___ Mental Health/Addictions	(Web site/newsletter)
___ Other	___ Membership Services
	___ Partnerships

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

# 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: \_\_\_\_\_