

Membership Form: Learning disAbilities Association of Guilford County

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ \$15 Local Affiliation Only

(Newsletter and Library Privileges Included)

\_\_\_\_\_ \$45 Local / State / National Membership

\_\_\_\_\_ \$ Donation (Suggested \$25 /\$50/\$75)

LdA Guilford County Questionnaire

1. I would be interested in being a volunteer or serving on the board. \_\_\_\_\_Y \_\_\_\_\_N

2. I would like to see the following program /issue addressed by LdA Guilford:

\_\_\_\_\_  
\_\_\_\_\_

3. Suggestions for additional speakers, programs, or emphasis:

\_\_\_\_\_  
\_\_\_\_\_

Please complete form and submit with check to:

LdA of Guilford County

P. O. Box 10533

Greensboro, NC 27404