



# LEARNING DISABILITIES ASSOCIATION - FRASER SOUTH CHAPTER

A member of the Learning Disabilities Association of Canada

## Membership in LDAFS - Help us to Help you!

Your membership in LDAFS gives us a greater voice to raise awareness and recognition of learning disabilities and sponsor appropriate programs in the Fraser South area.

### Members benefits Include:

- ◆ Local chapter newsletter (published quarterly) provides current information on LD and/or ADHD and information on upcoming programs and events
- ◆ Access to Resource information
- ◆ Attendance at monthly seminars at no charge
- ◆ Attendance at some programs and workshops at discounted fees
- ◆ Lending privileges at resource library
- ◆ Organizational members may request a free presentation on Learning Disabilities
- ◆ All members are entitled to one vote at the Annual General Meeting.

### Memberships are valid for one year. Select a membership category:

Family \$35       Personal \$35       Professional/  
 Organization \$55       Donation \$\_\_\_\_\_

### Please make cheque payable to LDA Fraser South.

Send payment to: LDA Fraser South, #201-13766-72 Avenue, Surrey, BC V3W 2P4

**To pay by VISA or MasterCard, please contact our office.**

Tel: 604-591-5156    Fax: 604-591-1669    Email: info@ldafs.org    Website: www.ldafs.org

New Membership       Renewal

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

Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Alternate: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a  Parent  Teacher  Medical Professional  Adult  Student  Other \_\_\_\_\_

LDAFS is a registered charitable organization. Official receipts for income tax purposes will be issued for donations.  
Registered Charity Number BN 119 20 6506 RR0002 - BC Society Act Registration Number S-33938

### Office Use Only:

Membership amount: \_\_\_\_\_ Donation amount: \_\_\_\_\_ Payment by Cheque  # \_\_\_\_\_ VISA  MC  Cash

Card No. \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_ Cardholder name: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Receipt/Card issued: \_\_\_\_\_ Date issued: \_\_\_\_\_