



Please complete and return to:
TDF Membership
dyslexiafoundation@gmail.com
PO Box P-22, South Dartmouth, MA 02748

Membership Registration Form

Name: _____

Title: _____ Company/School: _____

School District, if applicable: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email*: _____

*Must have email address in order to complete membership registration.

Please select a membership option:

- Individual Member \$25 – **ONLY AVAILABLE FOR PURCHASE ONLINE! Please visit our website!**
 - Entitles you to online access to monthly research articles prepared exclusively for TDF, as well as access to view fall conference webcast
- Professional Member \$250
 - Entitles you to the above plus TDF membership plaque, discount on TDF symposium publications, professional member recognition in Resource Directory and special recognition at TDF sponsored events.
- Corporate Member \$500
 - Entitles you to the above plus named in TDF publications and recognition at TDF national events.

PAYMENT INFO:

- Check enclosed (Please make checks payable to The Dyslexia Foundation)
- Credit Card: Please complete all fields:

Type of Card (AMEX, VISA, Discover) _____ EXP _____ / _____

Card # _____ 3-digit security code: _____

Signature: _____ Date: _____