

Membership Application



Learning Disabilities Association of Kansas

Complete Form and Mail to:
LDAK c/o Marcia Williams
2618 SW Arvonian Place
Topeka, KS 66614

Member Status

New Renewal

Member Information

Name: _____
Address: _____
State/Province: _____
Zip/Postal Code: _____
Email: _____
Home Phone: _____
Work Phone: _____

Member Category:

Parent
 LD Adult
 Professional Please Specify _____
 Other Please Specify _____

Membership fees include national, state, and local memberships

Membership Fees

Annual Dues: _____
Additional Contributions* _____
Total Contributions _____

**Dues and contributions may be treated as charitable contributions for Federal Income Tax purposes.*