CLD ANNUAL MEMBERSHIP FORM
The Council for Learning Disabilities

Member Information

Prefix  First Name  (Please print clearly)  Middle Initial  Last Name  Suffix

Job Title  Place of Employment (School/University/Business Name)

Address

City/State/Zip  Email Address

Home Phone  Work Phone  Fax

Dues Information

Membership Dues

- National Membership* .......................................................... $130
- Student Membership .......................................................... $55
- Retired Professional.......................................................... $60
- State Membership Dues (Optional) ........................................

Join CLD and you can join a state/regional chapter as well.

TOTAL AMOUNT ENCLOSED................................................... $________

*Regular membership includes subscriptions to Learning Disability Quarterly and Intervention in School and Clinic (online access). For access to journals online, go to www.Cldinternational.org (Must have active membership to access)

Referred by:

Payment Information

- Check (made payable to: The Council for Learning Disabilities)
- Please Charge My:
  - VISA
  - MasterCard
  - American Express
  - Discover

Card No. _______________________________________________________

CIN: _______ _______ _______  3 digit number on the back of the credit card.

Expiration Date _______ / _______  Billing Zip Code _______

Card Holders Name ____________________________________________

Signature ____________________________________________________

STATE DUES INFORMATION:
(CIRCLE APPROPRIATE ONE)

CO: $0  TX: $10
MD: $10  VA: $10
MN: $10  NV: $10
GA: $10

Thank you for your continued support.
Revised 5/1/22
The Council for Learning Disabilities
11184 Antioch #405, Overland Park, KS 66210, Phone and Fax (913) 491-1011  Web: www.cldinternational.org
Please help CLD maintain current information about you and your professional interests by completing the information below. Your participation in this survey assists CLD to better plan to meet our members’ needs.

**I. Occupation**
- □ Teacher-Special Education
- □ Teacher-General Education
- □ Para-Educator
- □ Administrator
- □ University Faculty
- □ Diagnostician
- □ Psychologist
- □ School Counselor
- □ Private Tutor
- □ Consultant
- □ Full-Time Student
- □ Other: __________________

**II. Employment Setting**
- □ Preschool/Early Intervention
- □ Public School - Elementary
- □ Public School - Secondary
- □ Private School - Elementary
- □ Private School - Secondary
- □ Postsecondary
- □ College/University
- □ Private Practice
- □ Residential Facility
- □ State Department of Education
- □ Other: __________________

**III. Areas of Interest** (please select no more than 3)
- □ Assessment
- □ Mathematics Instruction
- □ Reading Instruction
- □ Writing Instruction
- □ Social Skills Instruction
- □ Student Motivation
- □ Technology
- □ Classroom Management
- □ Strategies
- □ Inclusion Strategies
- □ Learning Strategies
- □ Language Development
- □ Early Intervention
- □ Transition
- □ Alternative Education
- □ Post-Secondary Services
- □ Teacher Preparation
- □ Legislative Action/Policy
- □ Parent Education
- □ Collaboration
- □ Other:______________

**II. Disability Interests**
- □ Learning Disabilities
- □ Dyscalculia
- □ Dysgraphia
- □ Dyslexia
- □ ADD/ADHD
- □ Other __________________

**IV. Highest Degree Held**
- □ High School
- □ A.A. or A.S.
- □ B.A. or B.S.
- □ M.A., M.S., or M.Ed.
- □ M.A., M.S., or M.Ed. + 30 hrs.
- □ Ed.D., Ph.D., or J.D.
- □ Other ________________

**V. How many years have you been in the profession?**
- □ 0 – 5
- □ 6 – 10
- □ 11 – 20
- □ 20+

**VI. Gender** (optional)
- □ Male
- □ Female

**VII. What subject matter would you like to see addressed in future webinars?**
(Note: We may continue to contact you through multiple formats as appropriate)
1. ________________
2. ________________

**VIII. Are you interested in receiving legislative updates if CLD begins to provide them?**
- □ Yes  □ No

**IX. Race/Ethnicity** (optional)
- □ American Indian or Alaskan Native
- □ African-American or Black
- □ Asian
- □ Hispanic or Latino
- □ Native Hawaiian or Other Pacific Islander
- □ White
- □ Other ________________

**X. Service to CLD**
Are you interested in holding an elected office in:
- □ State/regional CLD Chapter
- □ National CLD

**XI. Organizational Interest**
Are you interested in:
(a) Serving on a CLD committee? (check preferences)
- □ Bylaws & Rules
- □ Communications
- □ Conference Planning
- □ Standards & Ethics
- □ Liaison
- □ Research
- □ Membership
- □ Diversity
- □ Technology
- □ Finance
- □ Leadership Development
- □ Professional Development
(b) Assisting with a regional or national conference in your area?
- □ Yes □ No
(c) Helping to start a chapter in your area?
- □ Yes □ No

**XII. Research**
Please list research areas (including Action Research) in which you are engaged:
1. ________________
2. ________________

Thank you for taking the time to complete this survey and for being a new or renewing CLD member!
learning disabilities. In addition, CLD fosters (a) collaboration among professionals; (b) development of leaders in the field, and (c) advocacy for policies that support individuals with learning disabilities at local, state, and national levels.

If you have retrieved this form from the website, please submit it with your membership application.