



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*\$175
- Student Membership\$65
- Retired Professional.....\$60
- State Membership Dues (Optional)
Join CLD and you can join a state/regional chapter as well.

New	_____	Renew	_____
New	_____	Renew	_____
		Renew	_____

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)

STATE DUES INFORMATION: (CIRCLE APPROPRIATE ONE)

CO: \$0	TX: \$10
MD: \$10	VA: \$10
NV: \$10	GA - \$10

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

For Internal Office Use Only

Processed Date: _____

Processed ID: _____

Check Number: _____

Auth. Pymt: _____

Pymt. Amt: _____

.....


Thank you for your continued support.

Revised 6/28/23

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.

<p>I. Occupation</p> <input type="checkbox"/> Teacher-Special Education <input type="checkbox"/> Teacher-General Education <input type="checkbox"/> Para-Educator <input type="checkbox"/> Administrator <input type="checkbox"/> University Faculty <input type="checkbox"/> Diagnostician <input type="checkbox"/> Psychologist <input type="checkbox"/> School Counselor <input type="checkbox"/> Private Tutor <input type="checkbox"/> Consultant <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Other: _____	<p>** Disability Interests</p> <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> Dyslexia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	<p>X. Service to CLD Are you interested in holding an elected office in: <input type="checkbox"/> State/regional CLD Chapter <input type="checkbox"/> National CLD</p> <p>XI. Organizational Interest Are you interested in: (a) Serving on a CLD committee?(check preferences) <input type="checkbox"/> Bylaws & Rules <input type="checkbox"/> Communications <input type="checkbox"/> Conference Planning <input type="checkbox"/> Standards & Ethics <input type="checkbox"/> Liaison <input type="checkbox"/> Research <input type="checkbox"/> Membership <input type="checkbox"/> Diversity <input type="checkbox"/> Technology <input type="checkbox"/> Finance <input type="checkbox"/> Leadership Development <input type="checkbox"/> Professional Development (b) Assisting with a regional or national conference in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Helping to start a chapter in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>XII. Research Please list research areas (including Action Research) in which you are engaged: 1. _____ 2. _____</p> <p>Thank you for taking the time to complete this survey and for being a new or renewing CLD member!</p>
<p>II. Employment Setting</p> <input type="checkbox"/> Preschool/Early Intervention <input type="checkbox"/> Public School - Elementary <input type="checkbox"/> Public School - Secondary <input type="checkbox"/> Private School - Elementary <input type="checkbox"/> Private School - Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> College/University <input type="checkbox"/> Private Practice <input type="checkbox"/> Residential Facility <input type="checkbox"/> State Department of Education <input type="checkbox"/> Other: _____ <p>III. Areas of Interest (please select no more than 3)</p> <input type="checkbox"/> Assessment <input type="checkbox"/> Mathematics Instruction <input type="checkbox"/> Reading Instruction <input type="checkbox"/> Writing Instruction <input type="checkbox"/> Social Skills Instruction <input type="checkbox"/> Student Motivation <input type="checkbox"/> Technology <input type="checkbox"/> Classroom Management Strategies <input type="checkbox"/> Inclusion Strategies <input type="checkbox"/> Learning Strategies <input type="checkbox"/> Language Development <input type="checkbox"/> Early Intervention <input type="checkbox"/> Transition <input type="checkbox"/> Alternative Education <input type="checkbox"/> Post-Secondary Services <input type="checkbox"/> Teacher Preparation <input type="checkbox"/> Legislative Action/Policy <input type="checkbox"/> Parent Education <input type="checkbox"/> Collaboration <input type="checkbox"/> Other: _____	<p>IV. Highest Degree Held</p> <input type="checkbox"/> High School <input type="checkbox"/> A.A. or A.S. <input type="checkbox"/> B.A. or B.S. <input type="checkbox"/> M.A., M.S., or M.Ed. <input type="checkbox"/> M.A., M.S., or M.Ed. + 30 hrs. <input type="checkbox"/> Ed.D., Ph.D., or J.D. <input type="checkbox"/> Other _____ <p>V. How many years have you been in the profession?</p> <input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 20+ <p>VI. Gender (optional)</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <p>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. _____</p> <p>VIII. Are you interested in receiving legislative updates if CLD begins to provide them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IX. Race/Ethnicity (optional)</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African-American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	

Council for Learning Disabilities Mission: The Council for Learning Disabilities (CLD), an international organization composed of professionals who represent diverse disciplines, is committed to enhancing the education and quality of life for individuals with learning disabilities across the life span. CLD accomplishes this by promoting and disseminating evidence-based research and practices related to the education of individuals with

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.