

LDA-CT Membership

Join today to help support the more than 75,000 Connecticut students who have disabilities and who struggle at school every day. ***Every child deserves meaningful access to education.*** You can make a difference!

Name _____

Street _____

City _____

State _____ Zip _____

Phone _____ E-mail _____

Membership type (check one)

___ \$75 Professional membership, includes a 7-line listing in our provider directory
(Attach your listing information now, or send to LDA later.)

___ \$45 Family/individual membership

___ \$25 Student memberships (with copy of current college ID)

___ **New Membership** ___ **Renewal**

Additional tax-deductible donation: \$ _____

Donations help us to offer reduced- and no-fee services to families in need. Any amount appreciated.

I am paying by check. Amount: \$ _____

I am paying by credit card. Please charge this amount: \$ _____

Card type: ___ *Mastercard* ___ *Visa* ___ *AMEX*

Card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

Billing address (if different than above):

Street _____

City _____ State _____ Zip _____

Where did you hear about LDA? Please check all that are true.

An internet search (like Google, Yahoo, etc.)

From United Way or 211.

From another parent.

A teacher or someone else at my child's school said I should call LDA.

Someone at CPAC (Connecticut Parent Advocacy Center) referred me to LDA.

Someone at the Connecticut Bureau of Special Education referred me to LDA.

I was referred to LDA by my child's doctor, private tutor, or therapist.

I heard about LDA another way (List _____)

Do you want more information about how you can help children with disabilities?

From 1964 to today, nearly all of our work is done by LDA volunteers. We always need more help. Some people work on one-time projects. Others give longer term support. How you help is up to you.

Yes, I would like to learn more about volunteering for LDA.

Please send your membership form to us by **fax to (860) 560-1750 or mail to:**

**LDA-CT
999 Asylum Avenue
Hartford, CT 06105**

(860) 560-1711 (phone)
e-mail: LDACT@LDACT.org
web site: www.LDACT.org

HELP US LEARN ABOUT LDA MEMBERS

To keep our fees as low as possible, we apply for money from the government, businesses, and others. On the applications, we are often asked for information about our members.

You don't have to answer, of course; but it helps us a lot if you do. We share only anonymous, group-level information about members. ***Your name is never given to anyone.***

Please check any that are true.

1. ___ I am the parent of a child who has a disability.

Please list disability type: _____

2. ___ To help my child with a disability, I have paid for private tutors, testing, therapies, or other services.

Approximate amount paid \$ _____

3. ___ I have a disability myself.

Please list disability type: _____

4. ___ My primary language is *not* English.

5. ___ I am a single parent.

6. ___ Our family receives food stamps

7. The number of people in our household: _____.

8. Our family income is:

___ less than \$35,000 per year

___ \$35,000 to \$50,000

___ \$50,000 to \$75,000

___ More than \$75,000

9. My ethnicity is:

___ Hispanic

___ African American (not of Hispanic origin)

___ White (not of Hispanic origin)

___ Other (please list) _____

Thank you for your help!

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