

Learning Disabilities Membership Form

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

Choose your method of payment:

Cheque Cash Visa Master Card

Credit Card # _____

Signature: _____

Expiry Date: ____/____ Print Name: _____

Please return to:

Learning Disabilities Association of Saskatchewan (LDAS)
3 - 701 Second Ave N
Saskatoon SK S7K 2C9