

# NILD Membership Special Limited Time ONLY! 2010-2011

Membership fees need to be submitted by July 31, 2010.

Membership benefits will begin upon receipt of fees and continue through September 30, 2011.  **1<sup>st</sup> Time Member**

Group/School OR Individual Name \_\_\_\_\_

Year Program Began \_\_\_\_\_ Administrator \_\_\_\_\_ Program Coordinator \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Private Practice/Group/School Membership Fees

- ONE ET in school program or private practice ~~\$275~~ \$250
- Two ETs in school program or private practice ~~\$415~~ \$350
- School program or private practice with three or more ETs: First two ETs ~~\$415~~ \$350  
Each additional ET \_\_\_ X ~~\$60~~ \$50 = \_\_\_\_\_ Total Membership Fee \$ \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Payment Method:  Check (payable to NILD)  MasterCard  VISA  Discover  American Express

Account Number \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Signature (required)

Billing Address Include House # and Zip Code

*Please Complete This Section for All Applicants*

	#Students	Latest Training Level & Year	Dates of Current NILD Certification	Email address (PRINT)
<u>Program Coordinator:</u>	_____	_____	_____	_____
<u>Educational Therapists</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Students** \_\_\_\_\_