

Membership Form 2010-2011

Membership fees need to be submitted by October 1, 2010.

Membership benefits will begin upon receipt of fees and continue through September 30, 2011. **1st 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**
- Two ETs in school program or private practice **\$415**
- School program or private practice with three or more ETs: First two ETs **\$415**
 Each additional ET ___ X **\$60** = _____ 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 _____