

NILD Membership Form 2009-2010

Membership fees need to be submitted by October 1, 2009. Membership benefits will begin upon receipt of fees and continue through September 30, 2010.

Group/School or Individual Name _____

Address _____
Street City State Zip

Telephone _____ Fax _____ E-mail _____

Year Program Began _____ Administrator _____

1st Time Member

Program of Excellence

Private Practice/Group/School Membership Fees

One ET in school program or private practice.

\$270.

Two ETs in school program or private practice. \$

\$410.

School program or private practice with three or more ETs: First two ETs:

\$410.

Each additional ET ___ X \$55= _____

Total membership Fee _____

PAYMENT AMOUNT \$ _____

Payment Method: Check (payable to NILD) VISA MasterCard

Account Number _____ Expiration Date _____
V-Code

Cardholder's Name _____ For office use only _____ Signature (required when using credit card) _____

Please Complete This Section for All Applicants

<u>Program Coordinator:</u>	<u>No. of Students</u>	<u>Years Trained</u>			<u>Dates of Current NILD Certification</u>
		<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	
_____	_____	_____	_____	_____	_____
<u>Educational Therapists</u> (continue on reverse if necessary):					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL Students: _____