

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.

Group/School or Individual Name _____

Address _____
Street City State Zip

Telephone _____ Fax _____ E-mail _____

Year Program Began _____ Administrator _____

1st Time Member

Private Practice/Group/School Membership Fees

<input type="checkbox"/> One ET in school program or private practice. <p style="text-align: center;">\$275</p> <p style="text-align: center;">\$250</p>	<input type="checkbox"/> Two ETs in school program or private practice. \$ <p style="text-align: center;">\$415</p> <p style="text-align: center;">\$350</p>	<input type="checkbox"/> School program or private practice with three or more ETs: First two ETs: <p style="text-align: center;">\$415 \$350.</p> <p style="text-align: center;">Each additional ET ___ X \$60 = _____ <small>\$50</small></p> <p style="text-align: center;">Total membership Fee _____</p>
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PAYMENT AMOUNT \$ _____

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

Account Number _____

V-Code

Expiration Date

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

~~V Code (last 3 digits on back on card) _____ Billing address if different from above address _____~~

Please Complete This Section for All Applicants

Program Coordinator:	No. of Students	Years Trained			Dates of Current NILD Certification
		Level I	Level II	Level III	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL Students: _____