



## Infant Development Association of California

*The leading California organization that promotes quality early intervention for infants and toddlers with a broad range of special needs, their families, and supports all early childhood professionals.*

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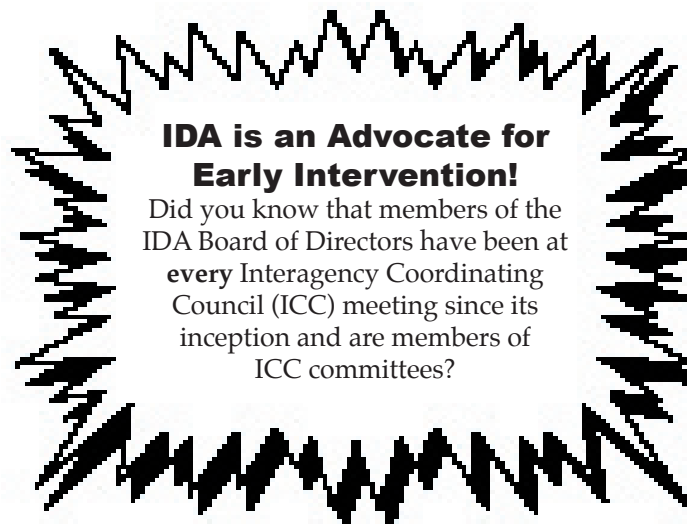
**IDA believes** it is important to be involved in a wide range of activities promoting the necessity of early intervention services.

**IDA members** actively inform the public and policy-makers about our vision for quality, continuous, and comprehensive services in early intervention.

## JOIN IDA it's a Great IDeA!

### IDA Membership Entitles You To:

- ❖ DISCOUNTS on IDA sponsored trainings and conferences.
- ❖ INNOVATIVE and evidence based information and training.
- ❖ LEADERSHIP opportunities by participating in IDA committees:
  - *Membership & Communications*
  - *Training & Conference*
  - *Collaboration for Interdisciplinary Standards*
  - *Public Policy*
- ❖ NETWORKS of local and statewide colleagues.
- ❖ eNEWS
- ❖ NEWSLETTER
- ❖ IDA generated position papers, surveys, and research.
- ❖ MEMBERS only features on our interactive website (**[www.idaofcal.org](http://www.idaofcal.org)**)



# Membership Application

## Yes, I Want to Become an IDA Member

Check type of membership desired and circle length of membership desired:

**All checks should be payable to the Infant Development Association of California**

**Mail application to PO Box 189550, Sacramento, CA 95818-9550**

**mail@idaofcal.org / www.idaofcal.org**

	<u>One Year Rates</u>	<u>Two Year Rates</u>
<input type="checkbox"/> AGENCY (for up to 4 staff)	\$200.00	\$325.00
<input type="checkbox"/> INDIVIDUAL	\$60.00	\$100.00
<input type="checkbox"/> PARENT (parent of a child with special needs)	\$25.00	\$35.00
<input type="checkbox"/> STUDENT (Copy of student ID card)	\$25.00	\$35.00
<input type="checkbox"/> ADDITIONAL DONATION OF \$ _____		

Payment:  Check  Purchase Order# \_\_\_\_\_  VISA  Mastercard

Exp.Date \_\_\_\_\_ Account # \_\_\_\_\_

3-digit code (see back of card) \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip code \_\_\_\_\_

Signature \_\_\_\_\_

The membership begins the date the payment of the membership fee is received. Membership includes three newsletters annually, quarterly online eNews, members only access features **our web site [www.idaofcal.org](http://www.idaofcal.org)**, local chapter meetings, networking, and advocacy opportunities. As a member, you are entitled to **discounted registration fees** to attend all IDA state trainings and conferences. Agency members can send up to 4 staff members to trainings/conference and receive discounts for all 4 staff members.

**SEND THE IDA NEWSLETTER TO ME:**

*Electronically via email (The Green Choice!)*      OR       *In the mail via US Postal Service*

**COMMUNICATE WITH ME BY:**

*I give my permission to have IDA send correspondence and announcements . . .  
Using my email address*

YES  NO

Name \_\_\_\_\_

Professional Discipline \_\_\_\_\_

Address ( Home OR  Agency) \_\_\_\_\_

\_\_\_\_\_ City State Zip

Agency Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Email \_\_\_\_\_

Preferred Chapter Association  Northern Chapter  
 River Valley Chapter (Sierra Mountains/Sacramento & Central Valley Regions)  
 San Diego/Imperial Valley Chapter  
 Southern Chapter

For details about chapter regions, go to our web site at [www.idaofcal.org](http://www.idaofcal.org) and click on Chapters.

Signature \_\_\_\_\_

IDA is a nonprofit organization. Donations are tax deductible to the extent allowed by law.