

Infant Development Association of California



IDA is a community that hears and responds to the voices of those working and living with young children with special needs.

IDA Membership Entitles You To:

- ❖ **Discounts** on IDA sponsored trainings and conferences
- ❖ **Policy E-News Updates** on issues pertinent to early intervention
- ❖ **Members Only** features on our interactive website (www.idaofcal.org)
- ❖ **Social Networks** - join IDA on Facebook, X, Pinterest, Instagram, and LinkedIn
- ❖ **Support** in a common mission (see IDA website for complete vision, mission, and value statements)

STEP 1: Select Type of Membership

- \$275 - Agency (unlimited staff members)
- \$35 - Parent (parent of a child with special needs)
- \$35 - New Clinician
- \$70 - Individual
- \$35 - Student (submit copy of student ID card)

STEP 2: Individual Membership Contact Information *If applying for Agency membership, please complete Step 3.*

Full Name _____
Address _____
City _____ State _____ Zip Code _____
Home Zip Code (provide for legislative efforts) _____
Email (one preferred email contact only) _____
Telephone Number (business cell home) () _____

STEP 3: Agency Membership Contact Information

Agency Name _____ Number of Individuals in Agency _____
Agency Director Full Name _____
Agency Director Email (one preferred email contact only) _____
Agency Director Telephone Number (business cell home) () _____
Agency Address _____
Agency City _____ Agency State _____ Agency Zip Code _____

STEP 4: Legislative Information *(You can find their names at this link: <https://findyourrep.legislature.ca.gov>)*

Your State Assemblymember _____
Your State Senator _____

STEP 5: Submit Application and Payment of Fees

- Mail to: IDA, 3620 American River Drive, Suite 230, Sacramento, CA 95864-5910
- Online: www.idaofcal.org (save a stamp and join online!)

Membership Fee: \$ _____ + Optional Donation \$ _____ = \$

- Check (all checks are payable to Infant Development Association or IDA-if prefer acronym)
- Purchase Order# _____ (an invoice will be sent)
- Credit Card Visa Mastercard Discover American Express

Card Number _____ Expiration Date _____ CVC (see back of card) _____
Billing Address _____
Billing City _____
Billing State _____ Billing Zip Code _____