

# 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](http://www.idaofcal.org))
- ❖ **Social Networks** - join IDA on Facebook, Twitter, and Pinterest
- ❖ **Support** in a common mission (see IDA website for complete vision, mission, and value statements)

## Membership Application

STEP 1:	Select Type of Membership	One Year	Two Year
	<input type="checkbox"/> Agency (discounts apply for up to any four staff)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$325
	<input type="checkbox"/> Individual	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
	<input type="checkbox"/> Parent (parent of a child with special needs)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
	<input type="checkbox"/> Student (submit copy of student ID card)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35

### STEP 2: Contact Information

Personal Contact Name: \_\_\_\_\_

Email (one preferred email contact only): \_\_\_\_\_

Preferred Phone Number (business or cell or home): (     ) \_\_\_\_\_

Zip Code: \_\_\_\_\_

### STEP 3: Select Chapter (refer to IDA website - Membership/Chapters page for details)

- |  |  |
|--|--|
| <input type="checkbox"/> River Valley/North Chapter        | <input type="checkbox"/> South Chapter |
| <input type="checkbox"/> San Diego/Imperial Valley Chapter |  |

### STEP 4: How did you hear about IDA (select all that apply)

- Internet search of IDA website
- Conference attendance or flyer for conference
- Attendance at another event or flyer for another event
- From a friend or colleague
- Other \_\_\_\_\_

### STEP 5: Submit Application and Payment of Fees

IDA Nonprofit 501c3 - Tax ID# 95-4225715

•Mail to: IDA, PO Box 188320 Sacramento, CA 95818-8320

•Online: [www.idaofcal.org](http://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 #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 digit code (see back of card): \_\_\_\_\_

Billing Address (include zip code): \_\_\_\_\_