

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, 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)

- River Valley/North Chapter South 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 (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): _____