

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.

Membership Application



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 Instagram
- ❖ **Support** in a common mission (see IDA website for complete vision, mission, and value statements)

STEP 1:

Select Type of Membership

- \$250 - Agency (unlimited staff members)
- \$30 - Parent (parent of a child with special needs)
- \$30 - New Clinician
- \$65 - Individual
- \$30 - Student (submit copy of student ID card)

STEP 2:

Individual Membership Contact Information

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) () _____

If applying for Agency membership, please complete Step 3.

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:

Select Chapter (refer to IDA website - Membership/Chapters page for details)

- River Valley/North Chapter
- South Chapter

STEP 5:

Submit Application and Payment of Fees

- Mail to: IDA, 950 Glenn Drive, Suite 150, Folsom, CA 95630
- Online: www.idaofcal.org (save a stamp and join online!)

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

- Check (all checks are payable to Infant Development Association [IDA])
- 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 _____