

**NJ ASSOCIATION OF LEARNING CONSULTANTS
APPLICATION FOR MEMBERSHIP YEAR JULY 1, 2019 to JUNE 30, 2020**
DUES: The NJALC membership is from July 1st to June 30th. Each member **MUST renew membership after July 1st each year.**

Membership Rewards Program: Join by 7/31/19 & receive a free Region Workshop or \$35 off a Fall Symposium or Spring Conference fee!

New: \$75.00 Renewal: \$75.00 Retiree: \$40.00 Student or NCED Affiliate* \$40.00

****If you want a paper copy of the newsletters, an additional \$5.00 will be required to cover postage **\$80.00/\$45.00**

***NCED: Only for out of state NCED Holders who do not hold a LDT-C certificate in NJ**

GOING GREEN OPTIONS FOR 2019-20

Directory will be on-line exclusively, accessible in the Members Only section. Information will include member's name, professional title, business name only, e-mail address and private practice specializations.

I want my information in the Directory on-line. I DO NOT want my information in the Directory on-line.

Newsletter by e-mail:

I want newsletters by e-mail. I want a paper copy of newsletters.

FOLLOW ALC ON FACEBOOK AND TWITTER @NewJerseyALC

Last Name:	First Name:
Highest Degree (Circle One): Ed.S. M.A. M.A.T. M.S. M.Ed. Ed.D. Ph.D. Other:	
NCED # (If NCED holder and NJ LDT-C or out-of-state affiliate):	

Business Name: (Name of District or Employer or Retired)

Mailing Address and E-mail Address:

Street:		
City:	State:	Zip Code:
Phone:		County:
E-Mail Address:		

Current Job Title:

- | | | |
|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> LDT-C | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Private Practitioner | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Director | <input type="checkbox"/> Other: | |

If in private practice, either full-time or part-time, check specialization(s):

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Autism | <input type="checkbox"/> Preschool | <input type="checkbox"/> Reading Disorders | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bilingual: List Language(s): | <input type="checkbox"/> Tutoring | |

Interested in joining an ALC committee or assisting in an ALC activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW MEMBERS ONLY:

LDT-C (Standard NJ Certificate): SUBMIT COPY OF LDT-C CERTIFICATE.

NCED AFFILIATE (Holds NCED certificate, but not NJ LDT-C certificate): ABOVE, WRITE NCED # and STATE IN WHICH CERTIFICATED.

STUDENT (Matriculated in LDT-C program): COMPLETE BELOW or SUBMIT LETTER OF MATRICULATION
University: _____

Advisor's Name (Print): _____ Advisor's Signature: _____

NO VOUCHERS OR PURCHASE ORDERS

MAKE CHECK PAYABLE TO: NJ ASSOCIATION OF LEARNING CONSULTANTS (NJALC)
Send application and check to: MICHELLE PAGE, 2601 Brunswick Pike, P.O. Box 56338 Trenton, NJ 08638

For Member Services Use: Certificate/Student Status Doc Rec'd Date Application Received: _____ Check #: _____