

**NJ ASSOCIATION OF LEARNING CONSULTANTS
APPLICATION FOR MEMBERSHIP YEAR JULY 1, 2021 to JUNE 30, 2022
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 7/31/2021 & 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 2021-22

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

Please check box if there has been a change in information

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:

LDT-C Coordinator Supervisor
 Teacher Private Practitioner Retiree
 Director Other:

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

Adult Autism Preschool Reading Disorders Traumatic Brain Injury
 Visual Impairment Hearing Impairment Bilingual: List Language(s): 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): PROVIDE PROOF OF LDT-C CERTIFICATION ISSUED BY NJ DEPARTMENT OF EDUCATION

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, P.O. Box 56338 Trenton, NJ 08638**

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