



**MEMBERSHIP FORM**

**LOUISIANA EDUCATIONAL DIAGNOSTICIANS' ASSOCIATION  
(LEDA)**

Please include your membership dues (check or money order, made out to *LEDA*), to  
*Ms. Susan Zeagler, P.O. Box 86855, Baton Rouge, LA 70879*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**Check One:** ( ) New Membership ( ) Membership Renewal

\_\_\_\_\_ ( ) *Check here if information has not changed* **OR**  
\_\_\_\_\_ ( ) *I have filled out my information that has changed below.*

POSITION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ REGION: \_\_\_\_\_

CITY: \_\_\_\_\_, LOUISIANA ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

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HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, LOUISIANA ZIP: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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<b>Active Member-</b> <i>All Educational Diagnosticians and Educational Consultants employed in (or retired from) that position in the public or private schools of Louisiana. Active members have the right to vote and hold office.</i>	\$ 30
<b>Associate Member-</b> <i>All other recognized professionals involved in educational assessment, all university/college personnel involved in the training of Diagnosticians, and all graduate students pursuing Diagnosticians certification. Associate members cannot vote or hold office.</i>	\$ 25
My contribution to legislative action efforts: \$10 \$25 \$50 Other	\$ _____
<b>TOTAL:</b>	

**NCED Certified:** ( ) Yes ( ) No