



Membership Form Directory & Resource Information

Please print clearly.

Parent's names: _____

Street Address: _____

City, State, and Zip code: _____ *Don't forget zip code.*

Telephone (*Please include area code*): _____

E-mail address: _____

I'd like information regarding (list handicapping conditions):

Directory Information available ONLY to those families who are members of PICC LEAH:

School District: _____ County: _____

Are you a member of HSLDA? **Please circle YES or NO**

Are you a member of NYS LEAH? **Please circle YES or NO**

If you are a NYS LEAH member, what chapter do you belong to?

Chapter Name: _____ NYS LEAH Region:

When did you last pay your NYS LEAH dues portion through that chapter
(month/year)? _____

Year you began home schooling: _____

Curriculum used:

Current therapy program and place of provision:

How specifically may we be of help to you?

Total number of Children _____ Please list children with Special Needs:

<u>Name</u>	<u>Year of Birth</u>	<u>Diagnosis</u>

Would you like your name included in our PICC LEAH directory? **Please circle YES or NO**

Do you have a service or talent that could benefit families in PICC?

Do you know of any specialists (physical, occupational, speech, visual therapists; special ed teachers; psychologists; etc) in your area who are currently working in the special education field who are favorable to home schooling who you would recommend?

Name: _____

Address: _____

City, State, Zip: _____

Telephone (Please include area code): _____

Email (if available): _____

Website (if available): _____

Are there any books that you recommend to other parents? Please list Title, Author, and Publisher

<u>Title</u>	<u>Author</u>	<u>Publisher</u>

Summary of Request - PICC LEAH Membership (Oct. 1st – Sept. 30th):

1. PICC LEAH Membership (Oct. 1st – Sept. 30th): \$20.00* Check #: _____ Amount: _____
(NYS LEAH Annual Dues - Check made payable to NYS LEAH)

**If you are currently an active NYS LEAH member in another NYS LEAH Chapter, AND you have Email/Internet and printing capability, membership to PICC LEAH is FREE (Please write "FREE" on Amount line above), BUT you STILL MUST fill out this membership form and mail it to PICC LEAH! Your NYS LEAH membership in the other chapter will be verified.*

2. Please select only ONE option below for members WITHOUT Email/Internet and/or printing Capability (Note: Fees cover printing, postage, and envelopes):

A. Telephone Membership FREE Amount: _____
(Please write "FREE" on Amount line to indicate that this is your choice →)

- Includes:
- 1. Telephone Support

B. Newsletter Membership \$20 (Check made payable to NYS LEAH) Check #: _____ Amount: _____

Includes:

1. Six bi-monthly PICC LEAH newsletters
2. Telephone Support - FREE

C. Partial Membership \$25 (Check made payable to NYS LEAH) Check #: _____ Amount: _____

Includes:

1. Confidential Membership Directory
2. Lending Library List
3. Library Order Form
4. Lending Library Information on *The Listening Program*®
5. Purchase Information on *The Listening Program*®
6. Special Needs Provider Database
7. PICC LEAH Academic Enrichment Program Information
8. Telephone support - FREE

D. Full Membership \$45 (Check made payable to NYS LEAH) Check #: _____ Amount: _____

Includes:

1. Confidential Membership Directory
2. Lending Library List
3. Library Order Form
4. Lending Library Information on *The Listening Program*®
5. Purchase Information on *The Listening Program*®
6. Special Needs Provider Database
7. Six bi-monthly PICC LEAH newsletters
8. PICC LEAH Academic Enrichment Program Information
9. Additional documents (emails, HSLDA E-lets, notices, etc.) that are deemed necessary for distribution.
10. Telephone support - FREE

3. Contributions to NYS LEAH for PICC LEAH are tax deductible. Suggested Donation (\$25 / \$15 / \$10) (Check made payable to NYS LEAH) Check: # _____ Amount: _____

4. Return entire form and separate checks to:

**PICC LEAH
c/o Mary Fratianni
167 Hickory St.
Port Jefferson Station, NY 11776-2117**