

**NJ ASSOCIATION OF LEARNING CONSULTANTS**  
**APPLICATION FOR MEMBERSHIP YEAR JULY 1, 2022 to JUNE 30, 2023**  
**DUES: The NJALC membership is from July 1<sup>st</sup> to June 30<sup>th</sup>. Each member **MUST** renew membership after July 1<sup>st</sup> each year.**

**Membership Rewards Program:** Join by 7/15/2022 & 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

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

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.

☐ I want newsletters by e-mail. ☐ I want a paper copy of newsletters (additional \$5.00 to cover postage).

☐ **Please check box if there has been a change in information.**

<b>Last Name:</b>	<b>First Name:</b>
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):	

<b>Business Name:</b> (Name of District or Employer or Retired)
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***Mailing Address and E-mail Address:***

<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>County:</b>	
<b>E-Mail Address:</b>		

**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	

**FOLLOW ALC ON FACEBOOK AND TWITTER @NewJerseyALC**

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):** Please include Certificate and Induction Document

**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 #: \_\_\_\_\_