

**NJ ASSOCIATION OF LEARNING CONSULTANTS  
APPLICATION FOR MEMBERSHIP YEAR JULY 1, 2024 to JUNE 30, 2025**

**DUES:** The NJALC membership is from July 1 to June 30. Each member **MUST** renew membership after July 1 each year.

**Membership Rewards Program:** Join by 7/15/2024 & 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 an 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):	

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

**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?  Yes  No

**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: SUE PENSACK, 10317 Upper Little Creek Road  
Bangor PA 18013

*If you prefer, you can join or renew your membership online at [newjerseyalc.org](http://newjerseyalc.org)*

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