



**Individual Membership Application**

Complete all sections and be sure to include correct payment. Incomplete applications will be returned.

**SECTION 1: APPLICANT INFORMATION**

Applicant's name (first, last): \_\_\_\_\_

Date of birth (month, day, and year): \_\_\_\_\_

Is the applicant a U.S. citizen?  Yes  No

**NOTE: Due to U.S. Copyright law, Learning Ally does not offer distribution of Learning Ally's downloadable audiobooks outside of the United States, except to U.S. citizens who are temporarily residing abroad.**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

**SECTION 2: PARENTAL INFORMATION (required if applicant is under 18)**

Name of parent(s) or guardian(s): \_\_\_\_\_

Parent/guardian address (if different from applicant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or guardian's phone: \_\_\_\_\_

Parent or guardian's e-mail address: \_\_\_\_\_

**SECTION 3: PAYER INFORMATION (Third Party Billing Information)**

Name of Third Party Agency/Institution: \_\_\_\_\_

Contact Information (Name/Phone Number): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 4: DISABILITY TYPE AND CERTIFICATION (Required)**

Indicate the disability that limits the applicant's ability to read standard print effectively(check all that apply).

Blindness/visual impairment  Learning disability  Other physical disability

Does the applicant read braille?  Yes  No

Member Success 800.221.4792

Fax: 609.751.5263

Email:Custserv@learningally.org

FOR LEARNING ALLY USE ONLY ID# \_\_\_\_\_ Entry Date \_\_\_\_\_ SO# \_\_\_\_\_ Initials \_\_\_\_\_

**Option 1**

Please have the following certification completed by a qualified professional in the field of disability services, special education, medicine or psychology. The certifier **must** be a recognized expert who attests to the visual, perceptual or other disability that limits the applicant's use of standard print.

Appropriate certifying experts may vary from disability to disability. The following are examples of qualified professionals who may certify an applicant. If you have questions about who is a qualified certifying professional, email Member Success at [Custserv@LearningAlly.org](mailto:Custserv@LearningAlly.org).

- Special education teachers
- Vocational rehabilitation counselor
- Ophthalmologists, for certifying blindness
- Neurologists, for certifying perceptual disability

**NOTE:** Principals, general education teachers, librarians, guidance counselors and parents ARE NOT typically qualified certifiers unless they have specialized backgrounds.

**Certifier Statement (required)**

I attest to the physical basis of the visual, perceptual or other disability limiting the applicant's ability to effectively use standard print. I also attest to my competency to make this certification.

Name of certifying professional (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title/professional specialty: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Option 2**

Check if you receive services from Bookshare and are a Bookshare member. Learning Ally will confirm your membership.

**Option 3**

If you receive services from the National Library Service for the Blind and Physically Handicapped (NLS) or its cooperating network libraries, we will accept a signature from one of their librarians in place of Option 1 to verify NLS readership.

**Verifier of NLS Readership**

As a National Library Services network librarian, I verify that the individual mentioned above is an eligible user of the National Library Service for the Blind and Physically Handicapped Talking Book Service.

Name of network librarian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

NLS library: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## **SECTION 5: MEMBERSHIP AGREEMENT & COPYRIGHT ACKNOWLEDGEMENT**

**\*Please read below and sign at the bottom. Your application cannot be processed without a signature.**

### **Membership Agreement**

Individual memberships are valid for one (1) year with unlimited access to Learning Ally's library of audiobooks.

### **Copyright Acknowledgement**

The contents of all Learning Ally books are protected under copyright law. Learning Ally strictly regulates the distribution of materials to a qualified member population that has provided documented evidence of a print disability. Copying, sharing or redistributing Learning Ally books in any form to any person is strictly prohibited by law and is a violation of publishers' rights and the terms of your membership. Violators face a permanent suspension of Learning Ally membership and possible civil or criminal penalties.

### **Acceptance**

Under penalty of perjury (see 17 U.S.C. 506(a), 1201-1204 and 18 U.S.C. 1001, 2319 and related statutes), I understand the statement above and agree to all terms and conditions of Learning Ally membership.

### **Cancellations and Refunds**

If you opt to cancel your membership you must contact Member Success to request a cancellation & refund of the membership fee within 14 days of your initial payment.

**By signing, I agree to the terms of the copyright acknowledgment and agree to receive services, or, if I am a parent or guardian signing on behalf of a minor, agree for my child to receive services from Learning Ally.**

**Applicant's signature:** \_\_\_\_\_  
(Or parent/guardian if applicant is under 18 years old)

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## **SECTION 6: MEMBERSHIP INFORMATION & BILLING**

**Schools that have identified Learning Ally's audiobooks as an appropriate accommodation for students eligible for services under federal disability legislation, including the Individuals with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act of 1973, are required to provide free access to those books.**

**For more information on the rights of students with disabilities, visit the U.S. Department of Education, Office of Special Education and Rehabilitation Services at [www.ed.gov](http://www.ed.gov). You may also call the U.S. Department of Education at 800-872-5327.**

\$135\* annual membership

*\*Membership fee is subject to change without notice*

**Method of payment:**

Check (Make check/PO payable to: Learning Ally, 20 Roszel Road, Princeton, NJ 08540)

Purchase order # \_\_\_\_\_ (Please attach PO)

Credit Card

VISA  MASTERCARD  DISCOVER  AMEX

Credit card number: \_\_\_\_\_ CSC Code \_\_\_\_\_

Expiration month/year: \_\_\_\_\_

Signature: \_\_\_\_\_

Name on credit card (please print): \_\_\_\_\_

*NOTE: All information on this application is considered confidential. Learning Ally does not sell, trade or otherwise share member information to any third parties; however, in conjunction with Learning Ally's funding programs, aggregate data may be provided to agencies and institutions when required for verification purposes or to illustrate the extent of services rendered.*

**Thank you for completing this membership application. After submitting the application, please allow 24-48 hours to receive your welcome email and membership information. We look forward to serving you!**

Please return the completed  
form to: Learning Ally  
20 Roszel Rd.  
Princeton, NJ 08540  
Fax: 609.751.5263 Email:  
[Custserv@learningally.org](mailto:Custserv@learningally.org)