Individual Membership Application

NOTE: Due to U.S. Copyright law, Learning Ally does not offer distribution of Learning Ally’s DAISY CDs or Downloadable DAISY outside of the United States, except to U.S. citizens who are temporarily residing abroad.

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

SECTION 1: APPLICANT INFORMATION
1. Applicant’s Name (First, Last): _______________________________ _______________________________
2. Date of Birth (Month, Day, Year): _____________________________
3. Is the applicant a U.S. Citizen? ☐ Yes ☐ No
   If no, is the applicant residing in the U.S.? ☐ Yes ☐ No If no, list country: _____________________________
4. Is the applicant a veteran? ☐ Yes ☐ No
5. Address 1: _______________________________________________________________________________
   Address 2: _______________________________________________________________________________
   City: ___________________________ State: _______________________ Zip: ______________
6. Mailing Address (If different from above): ________________________________
   City: ___________________________ State: _______________________ Zip: ______________
7. Telephone Number: _________________________________________________________
8. Fax: _________________________________________________________________________________
9. E-mail Address (Required for online service – you will receive electronic membership updates):
   ________________________________________________________________
10. Is the applicant a student? ☐ Yes ☐ No Is yes, what is the current grade? ______________
    Please check the type of educational setting.
    ☐ Public School ☐ Private School ☐ Undergraduate/Graduate College ☐ Other

SECTION 2: PARENTAL INFORMATION (Required if applicant is under 18)
12. Name of Parent(s) or Guardian(s): _______________________________________________________
13. Parent/Guardian Address (If different from applicant): ________________________________
   City: ___________________________ State: _______________________ Zip: ______________ Country: __________
14. Parent or Guardian’s Phone: _________________________________________________________
15. Parent or Guardian’s E-mail Address: _________________________________________________

FOR LEARNING ALLY USE ONLY   ID#____________ Entry Date_________ SO#_________ Initials_______
SECTION 3: DISABILITY TYPE AND CERTIFICATION (Required)

Please 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

Does the school have an Individual Education Plan (IEP) or 504 plan for the applicant?

☐ Yes  ☐ No  ☐ Don’t know or N/A

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 physical basis of the visual, perceptual or other disability that limits the applicant’s use of standard print.

Appropriate certifying experts may differ from disability to disability. The following lists examples of professionals who are qualified to certify an applicant. It is in no way a comprehensive list. If you have any questions about who is a qualified certifying professional, please email Member Services at 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.

Certification Statement (The following information is required in order to process the applicant’s membership.)

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 (Please print): ___________________________________________

Signature: _______________________________________________________________________

Title/Professional Specialty: _________________________________________________________

Place of Employment: _______________________________________________________________

Address: _____________________________________________________________________________

City: ____________________________ State: ________________________ Zip: ______________

Telephone: ___________________________________________________________________________

E-mail Address: _______________________________________________________________________

Option 2

If you are receiving services from Bookshare, we will accept confirmed membership with Bookshare. Please check the box below and Learning Ally will confirm your membership. If there is any problem with confirmation of your Bookshare membership, you will receive an email from Learning Ally.

☐ I am a Bookshare member.
SECTION 3: DISABILITY TYPE AND CERTIFICATION Continued (Required)

Option 3
If you are receiving 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.

Verification of NLS Readership
As a National Library Services network librarian, I verify that the above mentioned individual 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 4: INDIVIDUAL MEMBERSHIP AGREEMENT & COPYRIGHT ACKNOWLEDGEMENT

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

Membership Agreement
An individual membership is 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 within 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’ right and the terms of your membership. Violators face a permanent suspension of Learning Ally membership benefits 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. I agree not to copy, share or redistribute Learning Ally books in any form, to any person. I understand that to do so may result in permanent suspension of Learning Ally membership benefits and possible civil or criminal penalties.

Cancellations and Refunds
If you opt to cancel your membership you must contact Member Services to request a refund of the membership fee within 30 days of your initial payment. If you do not wish to keep any equipment you may have purchased, you must also request a Return Material Authorization (RMA) within 30 days of shipment of that equipment.

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: __________________________

If you submit a paper application, please allow 7-10 days to receive your welcome letter and membership information that will include instructions for creating an online account.

Phone: 800.221.4792 Fax: 609.987.8116 E-mail: Custserv@LearningAlly.org
SECTION 5: SELECTION OF INDIVIDUAL MEMBERSHIP TYPE

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. You may also call the U.S. Department of Education at 800-872-5327.

PLEASE SPECIFY WHICH TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

☐ Individual Membership*: $99†
☐ Student Individual Membership: $99

My school will pay for my membership (A Check or Purchase Order from the school must be attached, or credit card information in section 10 must be completed).

*Membership fee is subject to change without notice.
†If payment of the Learning Ally Membership fee is a financial hardship, please download and complete our Hardship Fee Waiver Application at LearningAlly.org/waiver. Submit the fee waiver along with your completed membership application.

SECTION 6: AUDIOBOOKS

Your Membership includes several audiobook format choices. Visit LearningAlly.org to learn more.

DAISY CDs are shipped Free Matter for the Blind & Other Physically Handicapped Persons which can take up to two weeks to arrive. See the UPS shipping rates in the Shipping section for other options.

I would like to order the following DAISY CD audiobooks:

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<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Quantity</th>
<th>Learning Ally Shelf #</th>
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SECTION 7: PLAYBACK EQUIPMENT

Learning Ally offers Free ReadHear™ software by gh for PC or Mac‡. To learn more visit LearningAlly.org/ReadHear.

Playing DAISY formatted audiobooks requires special equipment. Visit LearningAlly.org/help.

Note: Equipment is shipped UPS Ground.

Quantity: ___________ Model: ____________________________ Price: ________________

Equipment Total: ________________

‡Free Learning Ally ReadHear Software by gh for the first 16,000 individual members who sign-up who have not previously received the software.
SECTION 8: SHIPPING

Shipping UPS Ground is based on weight and zip code. Please provide a street address. UPS will not ship to a PO Box. **For shipment costs please call Member Services at 800.221.4792. Please note that shipments to Alaska and Hawaii must ship 2nd Day Air rather than Ground.**

Note: Membership, equipment and shipping prices are all subject to change without notice.

SECTION 9: TOTALS

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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Membership Fee</td>
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<td>Equipment</td>
<td>$__________________</td>
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<tr>
<td>Shipping</td>
<td>$__________________</td>
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<td>Grand Total</td>
<td>$__________________</td>
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SECTION 10: PAYMENT INFORMATION

Method of Payment:
☐ Check (Make check/PO payable to: Learning Ally, 20 Roszel Road, Princeton, NJ 08540)
☐ Purchase Order # __________ (Please attach PO) Promotional Code: __________ (If applicable)
☐ Credit Card
    ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX
Credit Card Number: ___________________________ Expiration Month/Year: __________
Credit Card Authorization Signature: ___________________________
Name on Credit Card (Please print): ___________________________
Billing Address (If different from applicant’s): ___________________________
City: ___________________ State: ___________ Zip: ___________ Country: __________________

NOTE: All information on this application is considered confidential. Learning Ally does not sell to, trade to, 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 needed for verification purposes or to illustrate the extent of services rendered.

Thank you for completing this membership application. We look forward to serving you!

Return this completed application and payment to:
Learning Ally, Attn: Member Services, 20 Roszel Road, Princeton, NJ 08540