



Individual Membership Application \$135 annual membership (subject to change without notice)

Complete all information about the person who will be using Learning Ally. Be sure to include correct payment. Fields marked with a (*) are required. Incomplete applications will delay processing.

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: _____

Applicant *email (**username**): _____

Phone: _____

Mailing address (if different from above): _____

City: _____ State: _____ Zip: _____

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 email address: _____

Parent or guardian's phone: _____

SECTION 3: PAYER INFORMATION AND PAYMENT METHOD

Name of payer or third party agency/Institution (if applicable):

Contact information (Name/Phone Number): _____

Billing address (if different from above): _____

City: _____ State: _____ Zip: _____

Section 3 – Continued – Payment Method:

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

☐ Purchase order # _____ (Please attach PO)

☐ Credit Card: For security purposes, contact our Customer Success Team at 800-221-4792 to provide payment information over the phone. Or you can provide your contact information and we will call you to collect the payment.

Contact name and phone: _____

SECTION 4: *DISABILITY TYPE AND CERTIFICATION (Required)

Applicant qualifies for services due to the following condition(s).
(Select all that apply)

☐ Specific learning
disability

☐ *Reading
accommodations

☐ Visual disability

☐ Other physical
disability

*For more info visit: [Reading Accommodations](#)

Option 1

Please have the following certification completed by a competent authority. Appropriate certifying authorities may differ from disability to disability. For more information visit: [Competent Authority](#)

Note: General Education Teachers, School Principals and Librarians should only be considered certifiers if they have a background or specialized training in special education, visual impairments, medicine, reading and literacy, etc.

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 Competent Authority (print): _____

Title/professional specialty: _____

Licensing authority: _____ License no.: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Signature of Competent Authority: _____

Option 2

☐ Check if you receive services from Bookshare and are a Bookshare member. Learning Ally will confirm your membership with their organization. It may take 2-3 business days to complete the verification.

SECTION 5: MEMBERSHIP AGREEMENT & COPYRIGHT ACKNOWLEDGEMENT

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

Membership Agreement

Membership is valid for one (1) year from the date of execution of the Membership Application ("Term"). Annual memberships provide you with unlimited access to the Services. Your membership will automatically renew unless you have the otherwise instructed Learning Ally.

Copyright Acknowledgement

The contents of all Learning Ally audiobooks and materials are protected under U.S. Copyright Law. Learning Ally strictly regulates the distribution of copyright protected materials only to Qualified Individuals. "Qualified Individuals" are those persons [who exhibit the characteristics of a learning disability](#) as certified by a Competent Authority in accordance with 17 U.S.C. 121 (commonly known as the "Chafee amendment"), and other applicable copyright laws, which may include persons having a learning disability, such as dyslexia, visual impairment, or other physical disability that limits the ability to effectively read standard print. Copying, sharing, or redistributing Learning Ally books or materials in any form to any other person is strictly prohibited by law and may be a violation and infringement 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.

Cancellations and Refunds

Learning Ally may provide you with a refund of your membership fee only if you cancel your membership within 30 days of your Effective Date. Beyond 30 days of your Effective Date, you may cancel your membership but are not eligible for a refund.

Contact Customer Success at 800.221.4792 or custserv@learningally.org.

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: _____

ADDITIONAL INFORMATION

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.

\$135* annual membership

**Membership fee is subject to change without notice*

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

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. For more information on our privacy policy, visit www.learningally.org/privacy