

# Dyslexic Advantage Premium Membership



**Print this form and mail to: Dyslexic Advantage 6701 139th Pl SW Edmonds WA 98026-3223**

**YES!** I want to be come a Premium Subscriber of Dyslexic Advantage and help create a world where dyslexic people are known for their strengths. Please send activate all membership benefits.

NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE / PROVINCE \_\_\_\_\_

ZIP / POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Check enclosed

Please Charge  MC  VISA  AMEX  Discover

CREDIT CARD NO. \_\_\_\_\_ EXP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ CVV \_\_\_\_\_  
verification code

I would like my username to be \_\_\_\_\_

Password (at least 8 characters) \_\_\_\_\_

(If your user name is already taken, another will be assigned).

Thanks for supporting Dyslexic Advantage! A confirmation will be sent by email.