

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.