

Baby TALK Professional Association Enrollment Form

Name:
Organization:
Type of organization:
Address:
City, State, ZIP:
Phone:
Email: _____ Website:
Attended training: _____ month _____ year

May we include your name, city and state on our website as a Certified Baby TALK Practitioner? Y N

(feel free to write on back of form) Describe your work:

List Baby TALK methods, materials and programs you currently utilize:

Approximate number served per year: _____ children _____ parents

List your primary funding sources:

Methods used to recruit families for your programs:

May we high-light your program in our e-newsletter or Dialogue? Y N

Ways in which Baby TALK Professional Association can support you:

Please mail completed form with \$40 membership fee on or before January 1, 2008 to:

Baby TALK Professional Association
500 E. Lake Shore Dr.
Decatur, IL 62521

Payment method (choose one):

- Check enclosed
 Invoice my purchase order number _____
 Charge my Visa or Mastercard:

Card No. _____ Exp. Date _____