

## Illinois Funded Institutional Membership Application

Please complete **ALL** sections. **Incomplete applications will be returned.**

Save and e-mail to: [gSeeley-Joose@LearningAlly.org](mailto:gSeeley-Joose@LearningAlly.org)

Print and fax to: 630.406.8078

Print and mail to: 180 N Michigan Avenue, Suite 620, Chicago, IL 60601

### SECTION 1: SCHOOL/INSTITUTION INFORMATION

1. School/Institution Name: Mid-Valley Special Education Cooperative
2. Tax ID#: 36-4196796
3. School/Institution Address: 1304 Ronzheimer Ave.  
City: St. Charles State: IL Zip: 60174
4. Primary Contact Name: Carla Cumblad
5. Primary Contact Phone: 630-513-4400 Fax: 630-377-4843
6. E-mail Address (Required for online services - you will receive electronic membership updates):  
carla.cumblad@d303.org
7. Delivery Address (If different from #3 - No P.O. Boxes please): NA  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION 2: MEMBERSHIP

- FREE Level 2 Institutional Membership funded by Illinois State Board of Education with 50 audiobooks
- Three (3) licenses of Learning Ally™ ReadHear™ by gh Software for Mac or PC
- Two (2) iPod Touch devices with Learning Ally Audio App

Please indicate the combination of PC and/or Mac versions of the ReadHear software you would like to receive for your school (must equal 3): Quantity for PC: 3 and/or Quantity for Mac: \_\_\_\_\_

### SECTION 3: MEMBERSHIP AGREEMENT AND COPYRIGHT ACKNOWLEDGEMENT

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

#### MEMBERSHIP AGREEMENT

Through this Institutional Membership, I agree to provide Learning Ally books only to students who meet the print disability requirements: all students who use Learning Ally's books have a learning disability, visual impairment or other physical disability which limits their ability to effectively read standard print. This disability has been certified by a competent authority.

### **SECTION 3: MEMBERSHIP AGREEMENT AND COPYRIGHT ACKNOWLEDGEMENT (continued)**

Appropriate certifying experts may differ from disability to disability. If you have any questions about who is a qualified certifying professional, please contact Member Services at Custserv@LearningAlly.org or 1.800.221.4792.

Should I choose not to renew, I will destroy Learning Ally books in my possession. I agree to provide services to only one school site.

The Individuals with Disabilities Education Act (IDEA) requires Learning Ally to ensure that no portion of the costs associated with Institutional Membership are incurred by students. In accordance with that requirement, I agree not to pass along any costs associated with Learning Ally membership to the students being served through this membership.

#### **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.

**Please provide your signature below to verify that you agree to the terms of the membership agreement and copyright acknowledgment and agree to receive services from Learning Ally.**

**If signing electronically, your signature is your typed full name between two forward slash marks (/) as in the following example: /John Smith/**

Signature of Authorized Agent:   
Print Name: Carla Cumblad Date: 5-24-12  
Phone: 630-513-4400 Fax: 630-377-4843  
E-mail Address: carla.cumblad@d303.org

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

\* \* \* Communication Result Report ( May. 24. 2012 12:09PM ) \* \* \*

Fax Header) Mid Valley Special Ed

Date/Time: May. 24. 2012 12:08PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1424 Memory TX	916304068078	P. 2	OK	

## Reason for error

E. 1) Hang up or line fail  
 M. 3) No answer  
 M. 5) Exceeded max. E-mail size

E. 2) Busy  
 E. 4) No facsimile connection

**Learning Ally**   
 Making reading accessible for all.

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 4. Primary Contact Name: Carla Cumbled  
 5. Primary Contact Phone: 630-613-4400 Fax: 630-377-4843  
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LearningAlly.org

Fax: 630.406.8078

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E-mail: [gseeley-jousse@LearningAlly.org](mailto:gseeley-jousse@LearningAlly.org)

\* \* \* Communication Result Report ( May. 25. 2012 7:21AM ) \* \* \*

Fax Header) Mid Valley Special Ed

Date/Time: May. 25. 2012 7:20AM

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1425	Memory TX	916304068078	P. 3	OK	

Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	



# FAX

Mid-Valley  
Special Education  
Cooperative

1104 Brackelmeier Ave  
St. Charles, IL 60174

Phone: 630.513.4400  
Fax: 630.377.4043  
TDD: 630.537.7114

Dr. Chris Cumbled  
Executive Director

Date 5/25/12  
To J. Seely  
Fax # 630-406-8078  
From C. Cumbled  
Phone # (630) 513-4400

Number of pages including cover page 3

NOTES: