



MISSOURI ASSOCIATION OF THE DEAF

2022 – 2023 Membership Form

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: VP TEXT _____

E-Mail Address: _____

MEMBERSHIP DUES:

- RENEWAL One Year Two Years
- Individual (Deaf/Hard of Hearing).....\$13.00.....\$25.00
- Senior Citizen (60+ up).....\$11.00.....\$20.00
- Full-time Student (College/University).....\$11.00.....\$20.00
- Associate Member (Hearing) Associate Member (Out of State).....\$13.00.....\$25.00
- Subtotal of Dues \$** _____

CONTRIBUTION: Your support is appreciated!

- Youth Programs Fund \$ _____ Legal Fund \$ _____
- Workshop Fund \$ _____ Reserve Fund \$ _____
- Subtotal of Contributions \$** _____
- Total PAID \$** _____

MoAD IS A 501(C)(3) NON-PROFIT ORGANIZATION; ALL CONTRIBUTIONS ARE TAX-DEDUCTIBLE

Mail a check or money order payable to MoAD to:

Jennifer Rivera
MoAD Membership
P.O. Box 681
Columbia, MO 65205

OFFICE USE ONLY

ANY RETURNED CHECK WILL BE CHARGED AN EXTRA \$25.00.

CASH CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____