



# MISSOURI ASSOCIATION OF THE DEAF

## FREE Membership Form

(PLEASE PRINT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone:  VP  TEXT \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

NEWSLETTER:  Yes, by e-mail  No

### MEMBERSHIP DUES:

- |   |  |                                   |                                    |
|---|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> NEW                                    | <input type="checkbox"/> RENEWAL                         | <input type="checkbox"/> One Year | <input type="checkbox"/> Two Years |
| <input type="checkbox"/> Individual (Deaf/Hard of Hearing)      | .....  | \$13.00                           | .....\$25.00                       |
| <input type="checkbox"/> Senior Citizen (60+ up)                | .....  | \$11.00                           | .....\$20.00                       |
| <input type="checkbox"/> Full-time Student (College/University) | .....  | \$11.00                           | .....\$20.00                       |
| <input type="checkbox"/> Associate Member (Hearing)             | <input type="checkbox"/> Associate Member (Out of State) | .....\$13.00                      | .....\$25.00                       |

Subtotal of Dues \$ \_\_\_\_\_

### CONTRIBUTION: Your support is appreciated!

- |  |          |                                       |          |
|--|----------|---------------------------------------|----------|
| <input type="checkbox"/> Youth Programs Fund | \$ _____ | <input type="checkbox"/> Legal Fund   | \$ _____ |
| <input type="checkbox"/> Workshop Fund       | \$ _____ | <input type="checkbox"/> Reserve Fund | \$ _____ |

Subtotal of Contributions \$ \_\_\_\_\_

Total PAID \$ \_\_\_\_\_

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

Mail this form 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 # \_\_\_\_\_