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:
☑ NEW ☑ RENEWAL ☑ One Year ☑ Two Years
☑ Individual (Deaf/Hard of Hearing).................................................................$12.00............$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 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 # ________________________