



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:

- NEW One Year Two Years
- Individual (Deaf/Hard of Hearing).....\$5.00.....\$10.00
- Senior Citizen (Ages 60-74).....\$5.00 \$10.00
- Full-time Student (College/University).....\$5.00 \$10.00
- Associate Member (Hearing) Associate Member (Out of State).....\$5.00 \$10.00
- 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:

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 # _____