



MISSOURI ASSOCIATION OF THE DEAF

2016–2017 Joint Membership Form

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: VP TTY VOICE _____ Fax: _____

E-Mail Address: _____

CHAPTER:

- Greater Ozarks Greater St. Louis Jackson County State Fair Central Missouri
- No Chapter in my area

NEWSLETTER: Yes, by e-mail No

MEMBERSHIP DUES:

- NEW RENEWAL One Year Two Years
- Individual (Deaf/Hard of Hearing).....\$18.00.....\$35.00
- Senior Citizen (60+ up).....\$16.00.....\$30.00
- Full-time Student (College/University).....\$16.00.....\$30.00
- Associate Member (Hearing) Associate Member (Out of State).....\$18.00.....\$35.00

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 to: Jennifer Rivera
 MoAD Membership
 P.O. Box 218
 Mexico, MO 65265

OFFICE USE ONLY

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

CASH CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____