



# MISSOURI ASSOCIATION OF THE DEAF

## 2017–2018 Joint Membership Form

(PLEASE PRINT)

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

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

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

Phone:  VP  TTY  VOICE \_\_\_\_\_ Fax: \_\_\_\_\_

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

### CHAPTER:

Central Missouri  Greater Ozarks  Greater St. Louis  State Fair  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 # \_\_\_\_\_