



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 MEMBERSHIP RENEWAL | <input type="checkbox"/> One Year | <input type="checkbox"/> Two Years |
| <input type="checkbox"/> Individual (Deaf or Hard of Hearing)..... | \$25.00 | |
| <input type="checkbox"/> Senior Citizen (60+ up)..... | \$11.00 | \$20.00 |
| <input type="checkbox"/> Full-time Student (College/Univ)..... | \$11.00 | \$20.00 |
| <input type="checkbox"/> Associate Member (Hearing) <input type="checkbox"/> Associate Member (Hard 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 Contribution \$ _____

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
65203

OFFICE USE ONLY

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

CASH CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____