



# WEST SUBURBAN ASSOCIATION OF THE DEAF

www.wsadeaf.org

Find us on  
Facebook

Please print clearly!

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_  Videophone  Voice

Email address\*\* \_\_\_\_\_

**\*\* Email address is IMPORTANT - WSAD has converted to digital and will send out information and important notices via email. If you don't want to provide email, check our website or Facebook page.**

I have read, understood and accept to follow WSAD Constitution and Bylaws (posted on our website at www.wsadeaf.org). **The membership will not be valid without your signature(s).**

Signature \_\_\_\_\_

Second signature \_\_\_\_\_

## Membership

New  Renewal

\$5 - Individual  \$10 - Married Couple/Family (children under 18)

Other \$ \_\_\_\_\_  Gold 50+

## Check box if yes to the below questions

Would you be interested in volunteering for WSAD?

Would you be interested in becoming a WSAD board member?

## Ideas, Suggestions, Improvements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make checks or money order payable to: **West Suburban Association for the Deaf**

Mail to: WSAD Secretary, P. O. Box 3712, Oakbrook, IL 60522

### Official Use Only

Rec'd Date \_\_\_\_\_ Initials \_\_\_\_\_  Cash  Check/Money Order # \_\_\_\_\_

Member's Expiration Date (note: only secretary fills this out) \_\_\_\_\_