



MISSOURI ASSOCIATION OF THE DEAF

2012–2013 Membership Form

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: VP TTY VOICE _____ Fax: _____

E-Mail Address: _____

Subscription preference: Subscription to MoAD Listserv and *Show-Me Newsletter* via e-mail
 Newsletter by mail ONLY

MEMBERSHIP DUES:

- NEW RENEWAL One Year Two Years
- Individual (Deaf/Hard of Hearing).....\$13.00.....\$25.00
- Senior Citizen (60+ up) \$11.00.....\$20.00
- Full-time Student (College/University) \$11.00.....\$20.00
- Associate Member (Hearing) Associate Member (Out of State)..... \$13.00.....\$25.00

Subtotal of Dues \$ _____

CONTRIBUTION: Your support is appreciated!

- Youth Programs Fund.....\$ _____ Legal Fund \$ _____
- Workshop Fund.....\$ _____ Miss Deaf Missouri Fund..... \$ _____
- Reserve Fund.....\$ _____

Subtotal of Contributions \$ _____

Total PAID \$ _____

MoAD IS A 501C(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 # _____