



MISSOURI ASSOCIATION OF THE DEAF

2012 Affiliate Membership Form

(PLEASE PRINT)

Organization: _____

Contact Person: _____

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

TYPE OF ORGANIZATION:

<input type="checkbox"/> Community or State Agency	<input type="checkbox"/> Private Business
<input type="checkbox"/> Education Program	<input type="checkbox"/> Professional Organization
<input type="checkbox"/> Interpreting Agency	<input type="checkbox"/> Social Organization

ANNUAL DUES:

NEW RENEWAL

Non-Profit\$100.00

For Profit\$200.00

MoAD IS A 501(C)(3) NON-PROFIT ORGANIZATION; ALL CONTRIBUTIONS ARE TAX-DEDUCTIBLE

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

OFFICE USE ONLY

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

CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____