



MISSOURI ASSOCIATION OF THE DEAF

2010–2011 Membership Form

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: TTY VOICE VP _____ Fax: _____

E-Mail/Pager Address: _____

(Subscription to *Show-Me Newsletter* and MoAD Listserv)

MEMBERSHIP DUES:

NEW RENEWAL One Year Two Years

(Free T-shirt)

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!

Workshop Fund\$ _____ Legal Fund\$ _____

Scholarship 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

Make check or money order payable to: **MoAD**

Mail to: Sharlene Haney
P.O. Box 4197
Independence, MO 64051-4197

(T-shirt Size (check one per member)
___L ___XL ___XXL ___XXXL

OFFICE USE ONLY

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

CASH CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____