



MISSOURI ASSOCIATION OF THE DEAF

Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Text: _____ Video/Phone: _____

Email Address: _____

MEMBERSHIP DUES

- NEW RENEWAL One-Year Two-Years
- Individual \$13.00.....\$25.00.....
 Deaf Hard of Hearing Deaf/Blind Hearing
- Senior Citizen (60-74) \$11.00.....\$20.00.....
- Senior Citizen (75+) Birthdate: _____..... FREE.....FREE.....
- Full-time Student (College/University) \$11.00.....\$20.00.....

Subtotal of Dues : \$ _____

CONTRIBUTION : Your support is appreciated!

- Legal Fund \$ _____ Youth Program Fund \$ _____
- Reserve Fund \$ _____ Workshop Fund \$ _____

Subtotal of Contributions : \$ _____

Total PAID : \$ _____

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

Make a check or Money order payable to **MoAD**

Please notify Treasurer at
Moadtreas1904@gmail.com before mailing this form

MAIL ADDRESS

MoAD Membership
P.O. Box 64
Fulton, MO 65251

OFFICE USE ONLY

ANY RETURNED CHECK WILL BE CHARGED AN EXTRA \$25.00

- CASH CHECK MONEY ORDER _____

DATE RECIEVED : _____ FISCAL YEAR # _____