

## MISSOURI ASSOCIATION OF THE DEAF

## **Membership Form**

Name:	
Address:	
City:	State: Zip Code
Text #: E-mail Address	
MEMBERSHIP DUES:	
□ NEW □ RENEWAL	☐ One-Year ☐ Two-Years
□ Individual	\$13.00\$25.00
□Deaf □Hard of Hearing □Deaf/Blind □Hear	ring □Out of State
□Senior Citizen (60-74)	\$11.00\$20.00
☐ Senior Citizen (75+) Birthdate:	FREE FREE
☐ Full-time Student (College/University)	
	Subtotal of Dues \$
<b>CONTRIBUTION:</b> Your support is appreciated!	
☐ Legal Fund \$ ☐ Youth Programs	s Fund \$
☐ Reserve Fund \$ ☐ Workshop Fund	d \$
	Subtotal of Contributions \$
	<b>Total PAID</b> \$
MoAD IS A 501(c)(3) NON-PROFIT ORGANIZATION; ALL C	ONTRIBUTIONS ARE TAX-DEDUCTIBLE
Make a check or money order payable to MoAD.  Mail a payment with this form to:  MoAD Membership  PO Box 681  Columbia, MO 65205	
OFFICE USE ONI ANY RETURNED CHECK WILL BE CHAR	
□ CASH □ CHECK □ MONEY ORDER	
DATE RECEIVED:	FY #