



MISSOURI ASSOCIATION OF THE DEAF

2022 – 2023 Membership Form

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: VP TEXT _____

E-Mail Address: _____

MEMBERSHIP DUES:

<input type="checkbox"/> NEW	<input type="checkbox"/> One Year	<input type="checkbox"/> Two Years
<input type="checkbox"/> Individual (Deaf/Hard of Hearing).....	\$5.00.....	\$10.00
<input type="checkbox"/> Senior Citizen (Ages 60-74)	\$5.00	\$10.00
<input type="checkbox"/> Full-time Student (College/University).....	\$5.00	\$10.00
<input type="checkbox"/> Associate Member (Hearing) <input type="checkbox"/> Associate Member (Out of State).....	\$5.00	\$10.00

Subtotal of Dues \$ _____

CONTRIBUTION: Your support is appreciated!

<input type="checkbox"/> Youth Programs Fund \$ _____	<input type="checkbox"/> Legal Fund \$ _____
<input type="checkbox"/> Workshop Fund \$ _____	<input type="checkbox"/> Reserve Fund \$ _____

Subtotal of Contributions \$ _____

Total PAID \$ _____

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

Mail a check or money order payable to MoAD:

Jennifer Rivera
MoAD Membership
P.O. Box 681
Columbia, MO 65205

OFFICE USE ONLY

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

CASH CHECK MONEY ORDER _____

DATE RECEIVED: _____

FY # _____