



**Austin Association of the Deaf
MEMBERSHIP APPLICATION FORM**

**Member's Information:
PLEASE PRINT CLEARLY**

All information will be confidential and in Secretary/Membership Committee File

Today's Date:	Date of Birth:
First Name:	Last Name:
Address: <input type="checkbox"/> <i>check here if all information remains same</i>	
City/State/Zip:	
Email Address:	
Membership Status:	Membership Category:
<input type="checkbox"/> Renewal: Card #	<input type="checkbox"/> \$ 100 Regular
<input type="checkbox"/> New Member:	<input type="checkbox"/> \$ 100 Senior Citizens (60+)
<input type="checkbox"/> Hard Copy Newsletter \$15	<input type="checkbox"/> \$100 Associate ((Hearing/18-20) (Deaf who live out of state)
How Much: \$	Secretary/Member Coord. ONLY
	<input type="checkbox"/> Database <i>(Put it in the system)</i>
	Status: <input type="checkbox"/> Make Card <input type="checkbox"/> Sent
Pay by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card: #	
AAD OFFICIAL ONLY Received by: _____ Date: _____	
.....	
Receipt of Membership: Good for 30 Days	
Recipient's Name:	
Date:	
Officer's Signature:	
Acknowledge of initial fee: Officer's initial: _____ & Recipient's initial: _____	

*Mail to:
Austin Association of the Deaf
P.O. Box 3884
Austin, Texas 78764-3884*