

WVAD MEMBERSHIP FORM

Name _____ New Renewal
 Spouse's Name _____ New Renewal
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____ VP Voice Both
 E-Mail Address _____

You

Deaf
 Hard of Hearing
 Hearing
 Interpreter

Dues for You

\$15 for 1 Year — Regular
 \$25 for 2 Years — Regular
 \$20 for 2 Years — Senior (Age 55 and up)
 \$10 for 2 Years — Student (Age 12 – 18)

Spouse

Deaf
 Hard of Hearing
 Hearing
 Interpreter

Dues for Spouse

\$15 for 1 Year — Regular
 \$25 for 2 Years — Regular
 \$20 for 2 Years — Senior (Age 55 and up)
 \$10 for 2 Years — Student (Age 12 – 18)

- Yes!** Here is my donation: \$ _____
- Yes!** I want to donate to Deaf Youth Program: \$ _____
- Yes!** I want to donate to Education Fund: \$ _____
- I want to be a WVAD volunteer.
- Spouse wants to be a WVAD volunteer.

TOTAL MEMBERSHIP AND DONATION: \$ _____

Make money order or personal check payable to **WVAD** or complete the credit card information below:

Visa MasterCard Discover Card

Name on Credit Card: _____ Exp. Date: _____ Security Code: _____

Credit Card Account No.: _____ - _____ - _____ - _____

Signature: _____ Date: _____

Mail with membership application to:
 West Virginia Association of the Deaf, Inc.
 Larry Hubbard, WVAD Membership Coordinator
 572 Thompson Road
 Culloden, WV 25510
 Video Phone No.: 304-397-5729

Your membership fees and donations make it possible for WVAD to protect the collective interests of West Virginia's deaf and hard of hearing community through advocacy efforts with our policy makers.

JOIN WVAD TODAY!

