



Florida Association of the Deaf
12401 Summer Springs Drive
Boynton Beach, FL 33437
www.fadcentral.org

FAD Membership Form

Please print clearly. Use one for for each individual:

Contact Information:

First Name: _____

Last Name: _____

Postal Address _____

City/State/Zip _____

E-mail: _____

Send FAD membership renewal notices by (choose one):

E-mail (Go Green!) Postal Mail

Sign up for FAD E-News and email announcements:

Yes! No, thanks.

Membership Status (Optional)

New Member Continuing Member

Deaf Late-Deafened

Returning Member* Not Applicable (Non-Member)

Hard of Hearing Hearing

Deaf-Blind

*If your membership has expired for three months or more.

Join or Renew Membership

One Year Membership \$20

Donation

\$ _____

Payment Information

Total Payment Amount: \$ _____

Money Order, Cashier Check or Check (Payable to FAD)

Or

You can pay online using your debit or credit card at

<http://fadcentral.org/fad-membership.html>

The FAD is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law.

Serving Florida residents since 1917 * Chartered 1951