



Florida Association of the Deaf

P.O. Box 15556, Spring Hill, FL 34604
Established in 1917 • www.FADCentral.org

Membership Application Form

Effective June 14, 2003

Name or Corporation or Organization

Address

Phone

Circle: TTY / VOICE

FAX

Spouse's Name or Contact Person

Member of Association or Organization

Email

Spouse's Email or Alternative Contact Person

Please check your selection:

- Individual Membership (\$10.00 per year)
- Individual Membership (\$17.50 per 2 years)
- Couple Membership (\$17.50 per year)
- Couple Membership (\$30.00 per 2 years)

- Associate Membership (\$10.00 per year - out of state)
- Affiliated Corporation (\$300 per year)
- Affiliated Non-profit Agency (\$150 per year)
- Affiliated Deaf Business (\$150 per year)
- Sunshine Bulletin Subscription only (\$12 per year)

DONATIONS

My contribution to:

FAD Road Tour \$ _____

Advocacy \$ _____

NAD Delegation \$ _____

General Fund \$ _____

Building Fund \$ _____

Jr. NAD \$ _____

FAD Foundation Fund \$ _____

Scholarship \$ _____

Miss Deaf Florida Pageant \$ _____

Total Membership, Subscriptions, and Donations: \$ _____ (Please write in total amount)

Payable to: **Florida Association of the Deaf**

Mail to: F.A.D. Membership, P.O. Box 15556, Spring Hill, FL 34604

Email: Membership@fadcentral.org

The FAD is a 501(c)3 organization. All contributions are tax-deductible.

A returned check will be added extra \$20 for processing fee.

Please select the demographics. All information is confidential. This is not intended to determine membership status.

Yourself: Deaf Hard of Hearing Hearing Interpreter
 Caucasian African American Hispanic Others

Spouse: Deaf Hard of Hearing Hearing Interpreter
 Caucasian African American Hispanic Others