



Florida Association of the Deaf

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

Membership Application Form

Effective January 1, 2004

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 (\$20.00 per year)
- Associate Membership (\$20.00 per year - out of state)
- Affiliated Corporation (\$300 per year)
- Affiliated Non-profit Agency (\$150 per year)

- Affiliated Deaf Business (\$150 per year)
- FAD Bulletin Subscription only (\$12 per year for non-members)

Membership is open to Florida residents - Deaf, Hard of Hearing, Late-Deafened. Associate members (hearing, out of state, etc.) do not have voting privileges.

DONATIONS

My contribution to:

FAD Road Tour	\$ _____	Advocacy \$ _____	NAD Delegation \$ _____
General Fund	\$ _____	Home Office Fund \$ _____	Jr. NAD \$ _____
FAD Foundation Fund	\$ _____	Scholarship \$ _____	State 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.

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|-----------|------------------------------------|---|-----------------------------------|--------------------------------------|
| Yourself: | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Interpreter |
| | <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Others |
| Spouse: | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Interpreter |
| | <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Others |