ARKANSAS ASSOCIATION OF THE DEAF, INC.

Membership Application Form

PLEASE PRINT THIS FORM

NOTE: Fill out a separate form for each individual membership application and PRINT CLEARLY

Full Name: _____

Organization/Chapter Affiliate: _____

Address _____

City: _____ **State**: _____ **Zip/Postal Code**: _____ - _____

TTY/VP Phone: (____) ____ - _____ **Voice Phone**: (____) ____ - _____ **FAX**: (____) ____ - _____

Cell/Text Phone: (____) _____ **Email Address**: _____

Do you want to add your e mail address on AAD e-News Listing? YES _____ NO _____

- ❑ Active Membership (2 years Fee)..... $35.00
- ❑ Senior Citizen Membership (Age 62 & up) (2 years Fee) ……..…. $25.00
- ❑ Student Membership (Age16 & up) (2 years Fee) …… $25.00
- ❑ Organization/Chapter Affiliate Membership (Annual Fee). …….. $50.00
- ❑ I would like to make an additional donation in the amount of…….. …$_____

Please see that my donation goes to: ❑ AAD Operation Fund ❑ AAD Youth program

❑ ASD Museum ❑ Senior Citizens ❑ Other_____

Total amount enclosed ..... $_____

Make check or money order payable to AAD and mail to:
AAD, Attn: Membership, P.O. Box 55063, Little Rock, AR 72215-5063

Or Pay by Credit Card and Fax 501-224-1440:

Pay by Credit Card: ___ **Visa** ___ **MasterCard** ___ **Discover** ____ **America Express**

ACCT #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: ___ ___ / ___ ___ ***Security Code:** ___ ___ ___ ____
m m y y

Who name on card:
Please Print Clearly

***Note: Security Code number is on the back of your credit card. If you prefer to call with your Security Code #, you may call at this number 501-246-8097 (Videophone)**

Signature: **Phone Number: (__ __ __) __ __ __ - __ __ __ __**

AAD is a 501 (c) 3 organization. All contributions are tax-deductible.
Any returned checks will be charged an extra $25.00.
For questions about AAD Membership, contact Ernest Northup at aadtreasurer@sbcglobal.net

Thank you for your support of AAD!
Visit us on the web: www.arkad.org