



Iowa Association of the Deaf Membership Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Videophone: _____

Voice Phone: _____

E-mail: _____

Teletext: _____

Others: _____

Check your contact information you want in the IAD Directory:

- All of my contact information VP Phone E-mail Teletext Mailing Address

Note: We do not share your information with other people.

Check one of the boxes:

- Active / Associate
\$35.00
- Senior Citizen (60 and older)
\$20.00
- Students
\$20.00

Make check or money order payable to:

Iowa Association of the Deaf
and mail this form with a payment to:

Jody Bethards, Treasurer
754 Lori Lane
Council Bluffs, IA 51503

Get involved with
Iowa Association of the Deaf!