



# Iowa Association of the Deaf

## Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Videophone: \_\_\_\_\_

Voice Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Teletext: \_\_\_\_\_

Other(s): \_\_\_\_\_

**Check your contact information you want in the next IAD Directory:**

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

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

Active / Associate  
\$35

Senior Citizen (60 and older)  
\$20

Students  
\$20

**Make check or money order payable to:**  
Iowa Association of the Deaf  
and mail this form with payment to:

**Sandra Buchholz, Treasurer**  
**Iowa Association of the Deaf**  
**2133 Maple St.**  
**Des Moines, IA 50317**

**Get involved with  
Iowa Association of the Deaf!**