



Iowa Association of the Deaf Membership Application

Name:		
Address:		
City:		State:
Email Address: (required)		
Alt Email Address:		
Phone:		Type:
Alt Phone		Type:

Phone Type: VP, Text, or Voice

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

- All of my contact information
- VP
- Text
- Email
- Mailing Address
- I do not want my information in the next IAD Directory

<input type="checkbox"/> Active - \$45 <input type="checkbox"/> Associate - \$45 <input type="checkbox"/> Senior Citizen - \$25 <input type="checkbox"/> Student - \$25 <input type="checkbox"/> Organizational - \$30	Make check or money order payable to: <u>Iowa Association of the Deaf</u> And mail this form with payment to: Sandra Anderson, Treasurer Iowa Association of the Deaf 3138 Whispering Ridge Lane Riverside, IA 52327
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Definitions of membership types:

Active: Deaf adult resident of Iowa

Associate: Hearing adult resident of Iowa
OR deaf adults residing in other states

Senior Citizen: Deaf adult age 60 and up

Student: Deaf student in grades 9-12 or college

Organizational: Any organization that wishes to support IAD and be recognized as a supporting member