



## 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 or FREE if you are 25 years old or younger (with a proof of age) <input type="checkbox"/> Associate - \$45 <input type="checkbox"/> Senior Citizen - \$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:  <b>Sandra Anderson, Treasurer</b> <b>Iowa Association of the Deaf</b> <b>3138 Whispering Ridge Lane</b> <b>Riverside, IA 52327</b>
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Definitions of membership types:

**Active:** Deaf adult resident of Iowa

**Student:** Deaf student in grades 9-12 or college

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

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

**Senior Citizen:** Deaf adult age 60 and up