

Louisiana Association of the Deaf, Inc.

www.lad1908.org

Facebook: Louisiana Ass. of the Deaf, Inc.

Membership Form

Name (Last) _____	(First) _____	
Name (Last) _____	(First) _____	
(Only if applying for a couple memberships)		
Address _____		

City _____	State _____	Zip _____
Phone () _____	<input type="checkbox"/> TTY	<input type="checkbox"/> Voice
() _____	<input type="checkbox"/> VP	
E-Mail: _____	@ _____	
E-Mail: _____	@ _____	

Preference to receive announcements: E-Mail Post Card
Check one: Usher – Syndrome: Big Bold & Fonts preferred Blind: Braille preferred

Payment must be paid and postmarked by March 31, 2017.

Check one:

		After 03/31/2017
Two-year membership for deaf individual under age 55	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00
Two-year membership for deaf couple under age 55	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$40.00
Two-year membership for deaf Senior individual	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$20.00
Two-year membership for deaf Senior couple	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00
Two-year membership for deaf student	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$15.00

Hearing or non-resident deaf people:

Two-year Associate membership for an individual	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$22.00
Two-year Associate membership for a couple	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$29.00

Please fill out the membership form and make a check payable to Louisiana Association of the Deaf.
Mail it to: Louisiana Association of the Deaf
3112 Valley Creek Drive; Suite E
Baton Rouge, LA 70808-3100

For Office Only:	Date Received: _____	Date Postmarked: _____	
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check or Money Order	Check # _____