



Georgia Association of the Deaf Membership Application

Member Information (Please Print)

Name	
Address	
City State Zip	
Date of Birth	
Phone TTY/VP/FAX (Circle all that apply)	
Email	

Annual Rate for GAD Membership

\$10.00 per person

Ethnicity (optional)	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Please Check All That Apply	<input type="checkbox"/> New Membership <input type="checkbox"/> Renew Membership <input type="checkbox"/> One Year Membership \$10 <input type="checkbox"/> Two Years Membership \$20 <input type="checkbox"/> Free – Student (for High School only)
Age	<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+		Student only – require teacher’s signature _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Donation (tax deductible) \$ _____
Background	<input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing/Supporter <input type="checkbox"/> Deaf-Blind		

Please fill out your annual rate membership application and mail with your check
“GAD” to:

Sarah Irvin - GAD Membership
P.O. Box 584
Cave Spring, GA 30124