



Georgia Association of the Deaf Membership Application

Member Information (Please Print)

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

Annual Rate for GAD Membership
\$15.00 per person

Ethnicity (Optional)

- African-American
 Asian
 Caucasian
 Hispanic
 Other

Please Check
All That Apply

- New Membership
 Renew Membership
 One Year Membership \$15
 Two Years Membership \$30
 Student (\$15.00 for High School only)

Age

- 14-20
 20-29
 30-39
 40-49
 50-59
 60+

Donation (tax deductible) \$_____

How would you like to receive your newsletter?

Online/E-mail- _____ **OR** **Postal Mail-** _____

Gender

- Male
 Female

Are you a member of GAD Chapter?
Yes _____ or No _____

Background

- Deaf
 Hard of Hearing
 Hearing/Supporter
 Deaf-Blind

If yes, which chapter:
 NWGAD _____ MgCGAD _____
 CCGAD _____ SWGAD _____

Please fill out your annual rate membership application and mail with your check
"GAD" to

Patty Patton – GAD Membership
P.O. Box 7023
Columbus, GA 31908