



Membership Application

For Individuals, Public/Non-Profit or Corporations

Select Membership Category

Choose one	Membership Category	Category Description	Annual Dues
<input type="checkbox"/>	Individual	Biennial membership (Exempt: Chestnut Lane Resident and High School Senior)	\$30
<input type="checkbox"/>	Public/Non-profit Membership	Annual affiliate membership	\$50
<input type="checkbox"/>	Corporation	Annual affiliate membership	\$100

Member Information

First Name _____ Last Name _____

Title _____ Date of Birth _____

Organization Name _____

Organization E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ FAX Number _____

Mobile Number _____ Website Address _____

E-Mail Address _____

Donation

My contribution to:

Endowment Fund \$____ Scholarship Fund \$____ General Fund \$____

Payment Information

Check payment to OAD VISA Mastercard AmEx

Card Number _____ Exp Date _____

Name on Card _____

Signature _____

Are you (please choose one)

- New Renewal
 Change of Address Notice
 High School Senior
 Resident at Chestnut Lane

Are you (please choose one)

- Male Female

Are you (please choose one)

- Deaf DeafBlind
 Hard of Hearing Hearing

Are you interested in being on any of the following committees?

- Award Conference
 Education Endowment
 Finance Fundraising
 Law Legislature
 Marketing Volunteer
 Others: _____

I wish to receive emails of upcoming events and activities.

- Yes No

I wish to publish my personal contact information in the online directory.

- Yes No

Questions?
 Email info@OAD1921.org